

***FRAMEWORK FOR STATE EVALUATION
OF CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT***

(Developed by States, for States to meet requirements under Section 2108(b) of the Social Security Act)

North Carolina

State/Territory: _____
(Name of State/Territory)

The following State Evaluation is submitted in compliance with Title XXI of the
Social Security Act (Section 2108(b)).

H.David Bruton, MD, Secretary, NC Department of Health and Human Services
(Signature of Agency Head)

Date: _____

Reporting Period: October 1, 1998-September 30, 1999

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SECTION 1. SUMMARY OF KEY ACCOMPLISHMENTS OF YOUR CHIP PROGRAM

This section is designed to highlight the key accomplishments of your CHIP program to date toward increasing the number of children with creditable health coverage (Section 2108(b)(1)(A)). This section also identifies strategic objectives, performance goals, and performance measures for the CHIP program(s), as well as progress and barriers toward meeting those goals. More detailed analysis of program effectiveness in reducing the number of uninsured low-income children is given in sections that follow.

- 1.1 What is the estimated baseline number of uncovered low-income children? Is this estimated baseline the same number submitted to HCFA in the 1998 annual report? If not, what estimate did you submit, and why is it different?

Our estimated baseline number of uninsured, low income (200% of federal poverty level or less) children is 126,461. This is not the estimate submitted to HCFA in our prior report. We decided to change the methodology used to calculate the number of uninsured children, and the baseline estimate reported here reflects the new methodology. We have changed our methodology to move away from using the CPS as the primary data source for determining the number of uninsured in North Carolina. We made this move for several reasons: 1) The CPS in North Carolina grossly undercounts the number of children in the Medicaid program. Our new methodology allows us to use actual Medicaid enrollment data. 2) The March 1999 CPS did not include a question on whether children had coverage under NC's Health Choice program. Therefore, we used actual Health Choice enrollment data. 3) Because of the small sample, the CPS was generating numbers that were clearly impossible. For example, according to the CPS there were 131,277 total children in the state who were under age 6 and had incomes at 100% of the federal poverty level or less. In fact, in the Medicaid program alone, there were 204,996 children in that same age and income bracket. In addition, although our original estimate was based on two-year averages of CPS data, when the CPS is used in our new methodology, three years are aggregated. We recognize that HCFA uses three-year averages, and we think that is a more appropriate use of the data, given the very small number of sampled children in our state. Also, the time for pulling Medicaid numbers was changed from a point-in-time in September to a lookback to the month of September in one year to the March of the next. In this manner, retroactive enrollments are also included in the total Medicaid count.

1.1.1 What are the data source(s) and methodology used to make this estimate?

Data source and methodology used to make this estimate: The number of uninsured was estimated for children in 6 age/income cells—age was divided into two categories (less than 6 and 6-18 years old), and income was divided into three categories (less than or equal to 200% FPL, 201-300%, and greater than 300%). In each age category, the total number of children was based on 1997 data from the Office of State Planning. These numbers were distributed across the income cells within each age category based on the income distribution found in the combined 1995, 1996, and 1997 CPS. Subtracted from the total number of children was the actual number of Medicaid eligibles in the month of September 1997 (pulled from the DRIVE query in March 2000), and the estimated number of children covered by other, non-Medicaid sources of insurance. The remainder is our estimate of the number of uninsured. To estimate the number of children that were covered by non-Medicaid insurance, we took the percentage of non-Medicaid children in that age/income cell in the 1995,1996, and 1997 CPS who were covered by other forms of insurance, and applied that percentage to the total number of non-Medicaid children (based on actual Medicaid eligibles and OSP population numbers) in the cell.

Insurance Status of North Carolina Children, 1997-1999

	FFY 1999							
	LE 200%	%	201-300%	%	GT 300%		Sub Total	Total
<6 Medicaid	224,579	85.0%	203	0.2%	563	0.2%	225,346	36.4%
Health Choice	12,502	4.7%	3	0.0%			12,505	2.0%
Other insurance	16,014	6.1%	98,599	82.7%	221,854	94.3%	336,469	54.4%
Uninsured	11,000	4.2%	20,424	17.1%	12,862	5.5%	44,287	7.2%
Total children	264,096	100.0%	119,230	100.0%	235,280	100.0%	618,607	100.0%
6-18 Medicaid	272,660	49.0%	82	0.0%	136	0.0%	272,878	20.4%
Health Choice	44,338	8.0%	7	0.0%	0	0.0%	44,345	3.3%
Other insurance	131,354	23.6%	207,609	82.7%	501,585	94.3%	840,549	62.8%
Uninsured	108,081	19.4%	43,339	17.3%	30,262	5.7%	181,681	13.6%
Total children	556,432	100.0%	251,037	100.0%	531,983	100.0%	1,339,454	100.0%
Total Medicaid	497,239	60.6%	285	0.1%	699	0.1%	498,224	25.4%
Total Health Choice	56,840	6.9%	10	0.0%	0	0.0%	56,850	2.9%
Total other insurance	147,368	18.0%	306,208	82.7%	723,439	94.3%	1,177,017	60.1%
Total Uninsured	119,081	14.5%	63,763	17.2%	43,125	5.6%	225,969	11.5%
Total children 0-18	820,528	100.0%	370,266	100.0%	767,263	100.0%	1,958,061	100.0%

	FFY 1997							
	LE 200%	%	201-300%	%	GT 300%		Total	%
<6 Medicaid	226,281	77.3%	68	0.1%	68	0.0%	226,418	37.0%
Other insurance	42,930	14.7%	99,878	84.8%	187,928	93.0%	330,737	54.0%
Uninsured	23,361	8.0%	17,903	15.2%	14,058	7.0%	55322	9.0%
Total children	292,572	100.0%	117,849	100.0%	202,054	100.0%	612,477	100.0%
6-18 Medicaid	264,789	51.6%	26	0.0%	54	0.0%	264,870	20.6%
Other insurance	145,274	28.3%	198,220	84.0%	510,938	94.8%	854,432	66.3%
Uninsured	103,100	20.1%	37,840	16.0%	28,140	5.2%	169080	13.1%
Total children	513,162	100.0%	236,086	100.0%	539,131	100.0%	1,288,382	100.0%
Total Medicaid	491070	60.9%	94	0.0%	122	0.0%	491286	25.8%
Total other insurance	188204	23.4%	298098	84.2%	698865	94.3%	1185167	62.3%
Total Uninsured	126461	15.7%	55743	15.7%	42198	5.7%	224402	11.8%
Total children	805735	100.0%	353935	100.0%	741185	100.0%	1900855	100.0%

- 1.1.2 What is the State's assessment of the reliability of the baseline estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

With our revised methodology, we know the Medicaid numbers to be true, and have high confidence in the accuracy of the population estimates from the Office of State Planning. Unfortunately, the estimate of the number of uninsured children also relies on the CPS estimate of the number of children with coverage by non-Medicaid forms of insurance. Because of the problems with the CPS discussed on 1.1, we do not have complete confidence in the accuracy of these estimates, but at this time do not have an alternative source of data.

- 1.2 How much progress has been made in increasing the number of children with creditable health coverage (for example, changes in uninsured rates, Title XXI enrollment levels, estimates of children enrolled in Medicaid as a result of Title XXI outreach, anti-crowd-out efforts)? How many more children have creditable coverage following the implementation of Title XXI? (Section 2108(b)(1)(A))

North Carolina has made considerable progress in increasing the number of children with creditable health coverage. Between 1997 and 1999, there has been a 7,380 reduction in the raw number of low income uninsured children under age 18. Without the state's recent efforts to expand health insurance coverage for low income children, there would likely have been an increase in the number of uninsured children. Between 1997 and 1999, for example, the percentage of uninsured children with incomes between 201-300% of the federal poverty guidelines increased from 15.7% to 17.2%. If the percentage of uninsured for children with incomes below 200% of the federal poverty guidelines had followed these same trends, we would have anticipated that there would have been 141,623 uninsured children in 1999 (or 22,542 more than we estimate). However, we could reasonably have anticipated a larger increase in the uninsured among lower income families, as they have historically have had the greatest risk of being uninsured.

The gains have almost all been through the NC Health Choice program. Between 1997 and 1999, the overall percentage of low income children birth through age 18 who received Medicaid remained constant (approximately 61%). At the same time, the percentage of children with other health insurance coverage dropped (from 23.4% in 1997 to 18.0% in 1999). NC also experienced a decrease in the percentage of children with other health insurance coverage for children with family incomes between 201-300% of the federal poverty guidelines (from 84.2% in 1997 to 82.7% in 1999). A study conducted by the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill estimates that very little of the drop in private health insurance coverage among low income families was due

to the crowd-out effect (see answer to question 3.6.2). Based on their study, it is reasonable to assume that all or almost all of the 56,840 children covered by NC Health Choice in September 1999 would have been uninsured but for the Health Choice program.

1.2.1 What are the data source(s) and methodology used to make this estimate?

Data source and methodology used to make this estimate: The methodology used to generate the estimate of 1999 number of uninsured children was the same as the new methodology for 1997 reported in 1.1.1, except that actual NC Health Choice enrollment numbers were added into the calculations. The number of uninsured was estimated for children in 6 age/income cells—age was divided into two categories (less than 6 and 6-18 years old), and income was divided into three categories (less than or equal to 200% FPL, 201-300%, and greater than 300%). In each age category, the total number of children was based on 1999 population estimate from the Office of State Planning. These numbers were distributed across the income cells within each age category based on the income distribution found in the combined 1997, 1998, and 1999 CPS. We subtracted: 1) the actual number of Medicaid eligibles in the month of September 1999 (pulled from the DRIVE query in March 2000), 2) the actual number of NC Health Choice eligibles in the month of September 1999 (pulled from the DRIVE query in March 2000), and 3) the estimated number of children covered by other, non-Medicaid sources of insurance. The remainder is our estimate of the number of uninsured. To estimate the number of children that were covered by non-Medicaid insurance, we took the percentage of non-Medicaid children in that age/income cell in the 1997, 1998, and 1999 CPS who were covered by other forms of insurance, and applied that percentage to the total number of non-Medicaid, non-Health Choice children (based on actual Medicaid and NC Health Choice eligibles and OSP population numbers) in the cell.

1.2.2 What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

See the answer to 1.1.2

1.3 What progress has been made to achieve the State's strategic objectives and performance goals for its CHIP program(s)?

Please complete Table 1.3 to summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in the Title XXI State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table

should be completed as follows:

- Column 1: List the State's strategic objectives for the CHIP program, as specified in the State Plan.
 - Column 2: List the performance goals for each strategic objective.
 - Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.
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Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
To reduce the number of uninsured children living in families with incomes below 200% of the federal poverty guidelines	The number of uninsured children in families with incomes below 200% of the federal poverty line will be reduced by 35,000 children in the first year of operation	<p>Data Sources: NC Health Choice enrollment data</p> <p>Methodology: Actual NC Health Choice enrollment numbers</p> <p>Numerator: NA</p> <p>Denominator: NA</p> <p>Progress Summary: There were 56,850 children who were eligible for NC Health Choice in September 1999. Most of these children would have been uninsured, but for the creation of the NC Health Choice program. See questions 1.2.1 and 3.6.2 (the question addressing crowd-out).</p>
OBJECTIVES RELATED TO CHIP ENROLLMENT		
To simplify eligibility intake process for both Title XXI and Title XIX children's programs.	At least 50% of the Title XXI applications will occur through mail in or at non-traditional sites in the first year	<p>Data Sources: Eligibility Information System NC Health Choice/Medicaid approved applications by source</p> <p>Methodology: Applications are coded according to the source of the application. There are three categories: traditional DSS office, non-traditional mail in application and county health department application.</p> <p>Numerator: number of applications received through health departments and by mail 14,378 cases*</p>

Table 1.3

		<p>Denominator: total 40,467 cases*</p> <p>Progress Summary: 35% of the NCHC applications occurred through non-traditional sources. Expectations are that as those above 150% FPL increase participation in the program, the rate of applications through non-traditional sources will grow. (average children per case 1.5)</p>
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
To increase Medicaid enrollment	CHIP outreach will attract more children to the Medicaid program.	<p>Data Sources: September 1997 and 1999 Medicaid enrollment data (from DRIVE)</p> <p>Methodology: Percentage of Medicaid eligibles below 200% of FPG was calculated by taking actual Medicaid enrollment figures by age for September 1997 and 1999, and dividing it by state population estimates for children with the same income and age. In each age category, the total number of children was based on 1997 or 1999 population estimate from the Office of State Planning. These numbers were distributed across the income cells within each age category based on the income distribution found in combined three-year average CPS distribution (1997: 1995-1997; 1999: 1997-1999).</p> <p>Numerator: 1999: 224,579 (<6) 272,660 (6-18) 497,239 (total <19)</p> <p>1997: 226,281 (<6) 264,789 (6-18) 491,070 (total <19)</p>

Table 1.3

Denominator: 1999: 264,096 (<6)
556,432 (6-18)
820,528 (total <19)

1997: 292,572 (<6)
513,162 (6-18)
805,735 (total <19)

Progress Summary: The total number of Medicaid eligible children increased between 1997 and 1999 from 491,070 (1997) to 497,239 (1999), although the percentage of low income children (<200% FPL) remained relatively constant (61%). North Carolina showed an increase in the percentage of younger children under age 6 covered by Medicaid (from 77.3% in 1997 to 85.0% in 1999), but a slight decrease in the percentage of older children ages 6-18 (from 51.6% in 1997 to 60.6% in 1999).

The numbers of Medicaid children in our Medically Indigent Children (SOBRA) program went up from 231,891 in October 1998 to 281,373 in October, 1999, an increase of 49,482 children. During the same time period, the children on TANF went down from 110,976 (under 21) in October of 1998. By October 1999 the number on TANF under 21 was 86,759 for a loss of 24,117.

North Carolina recently made two policy changes to try to increase the number of children covered through Medicaid: 1) 12-month continuous Medicaid eligibility for children, which started being phased-in in February, 1999 and applied to all children who become eligible for Medicaid after that date; and 2) 24-month transitional eligibility for families that lose TANF due to work earnings. This latter change, which is targeted to former TANF families began in October 1999 (after we measured the 1999 Medicaid child enrollment numbers).

Table 1.3

OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)

To increase awareness of health care coverage options through an outreach campaign	Fully implement Outreach Plan as outlined in S-CHIP Plan	<p>Data Sources: The S-CHIP plan</p> <p>Methodology: Examine the list and check off those things that are completed, need to be completed or have since been rejected as unnecessary based on the consensus of the statewide outreach committee. Examine the impact on enrollments on a county by county basis.</p> <p>Numerator: County-by County enrollment numbers</p> <p>Denominator:: County by County population targets</p> <p>Progress Summary: The first year of work, using local coalitions and targeting families being served in means tested programs has been very successful. Our second year will focus on efforts to bring in more in the business community. At the end of the first year, 58 of the 100 counties were at or above the state average of 71percent of total projected eligible population enrolled. County ranges were from a high of 176% in a small, rural eastern county to a low of 38% in a small, rural Piedmont county. Only four counties enrolled fewer than 50% of their estimated eligible population. 18 counties enrolled more than 100% of their estimated eligible population.</p> <p>(see attachments)</p>
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Table 1.3

OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
<p>To encourage utilization of preventive health care services</p> <p>To increase child health screenings among enrolled children</p>	<p>The average number of visits per enrolled child will equal or exceed Title XIX rates</p> <p>At least 50% of enrolled Title XXI children will be screened in the first year with 80 percent of enrollees screened in five years.</p>	<p>Data Sources: The Title XIX participation rate in preventive health services for North Carolina is 54% according to the HCFA 416 for ffy 1998.</p> <p>Methodology: Numerator: Denominator:</p> <p>Progress Summary: It is not yet possible to measure accurately the rate of preventive screenings under Health Choice, nor to make comparisons with Medicaid for at least two reasons. (1) Because Health Choice uses the Blue Cross CPT coding system, there is no single, distinct code for screening as there is for Medicaid. Thus, there is under-reporting under Health Choice. In addition, if a child comes in with a problem under Health Choice, the provider is likely to code a "sick" visit, even though the criteria of a preventive screen were met. Thus, an additional source of under-reporting. (2) With only one year's experience and dramatically increasing enrollment during the year, it is not yet possible to determine accurately the number of children in the screening target. Indeed, the largest percentage of children in Health Choice are in age groups that are not scheduled to be screened annually. Thus, we need another year's experience to create a more accurate "denominator".</p> <p>Nevertheless, it is clear that maintaining a high preventive screening rate under Health Choice will be more difficult than for Medicaid. The latter program uses a PCCM delivery system, has a statewide reminder system, and utilization enhancement staff (Health Check Coordinators) in most areas of the state. Health Choice has none of these. A periodic newsletter to families encouraging the use of</p>

Table 1.3		
		preventive care is under consideration. enrollees urging them to get preventive health visits.
OTHER OBJECTIVES		
		<p>Data Sources:</p> <p>Methodology:</p> <p>Numerator:</p> <p>Denominator:</p> <p>Progress Summary:</p>

SECTION 2. BACKGROUND

This section is designed to provide background information on CHIP program(s) funded through Title XXI.

2.1 How are Title XXI funds being used in your State?

2.1.1 List all programs in your State that are funded through Title XXI. (Check all that apply.)

☐ Providing expanded eligibility under the State's Medicaid plan (Medicaid CHIP expansion)

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

☒ Obtaining coverage that meets the requirements for a State Child Health Insurance Plan (State-designed CHIP program)

Name of program: NC Health Choice for Children

Date enrollment began (i.e., when children first became eligible to receive services): October 1, 1998

☐ Other - Family Coverage

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

☐ Other - Employer-sponsored Insurance Coverage

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other - Wraparound Benefit Package

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other (specify) _____

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

2.1.2 **If State offers family coverage:** Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs. N/A

2.1.3 **If State has a buy-in program for employer-sponsored insurance:** Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs. N/A

2.2 What environmental factors in your State affect your CHIP program?
(Section 2108(b)(1)(E))

2.2.1 How did pre-existing programs (including Medicaid) affect the design of your CHIP program(s)?

The NC Health Choice for Children program was designed by the North Carolina General Assembly from elements from the dependent coverage of the North Carolina Teachers and State Employees Comprehensive Major Medical Plan and Medicaid. In the compromise worked out by the General Assembly and by Governor Hunt, the decision was made that special needs children had to be covered to the Medicaid standard and that dental, vision and hearing had to be added to the State Employees Health Plan dependent coverage package to make the benefit equivalent to Medicaid.

One factor in the design of North Carolina's program is that North Carolina's Teachers' and State Employees' Comprehensive Major Medical Plan is offered to state employees so they can purchase at full cost a health insurance program for their children, but no state or other public funds underwrite that program, therefore state employees' and teachers' children in North Carolina who met the uninsurance criteria (six months uninsured for the first six months of the program, two months uninsured after April 1, 1998) are eligible for NC Health Choice for Children.

- 2.2.2 Were any of the preexisting programs "State-only" and if so what has happened to that program?

X No pre-existing programs were "State-only" There did exist a Caring Program for Children which was operated through private donations and a very limited state appropriation. It was managed by a board and went out of business on September 30, 1998. At its peak, it served 8,000 children. All of these children were permitted to enter the NC Health Choice for Children program with no waiting period.

___ One or more pre-existing programs were "State only" ! Describe current status of program(s): Is it still enrolling children? What is its target group? Was it folded into CHIP?

2.2.3 Describe changes and trends in the State since implementation of your Title XXI program that “affect the provision of accessible, affordable, quality health insurance and healthcare for children.” (Section 2108(b)(1)(E))

Examples are listed below. Check all that apply and provide descriptive narrative if applicable. Please indicate source of information (e.g., news account, evaluation study) and, where available, provide quantitative measures about the effects on your CHIP program.

☒ Changes to the Medicaid program

- ☐ Presumptive eligibility for children
- ☐ Coverage of Supplemental Security Income (SSI) children
- ☒ Provision of continuous coverage (specify number of months 12)
- ☐ Elimination of assets tests
- ☒ Elimination of face-to-face eligibility interviews (permitted, not required for children)
- ☐ Easing of documentation requirements

☒ Impact of welfare reform on Medicaid enrollment and changes to AFDC/TANF (specify) **We originally saw the reduction of some 28,000 Medicaid children as a result of losing TANF coverage. The NC Division of Medical Assistance is making targeted efforts to reenroll these children through direct mail and other mechanisms for finding them.**

☒ Changes in the private insurance market that could affect affordability of or accessibility to private health insurance

- ☐ Health insurance premium rate increases
- ☐ Legal or regulatory changes related to insurance
- ☐ Changes in insurance carrier participation (e.g., new carriers entering market or existing carriers exiting market)
- ☐ Changes in employee cost-sharing for insurance
- ☐ Availability of subsidies for adult coverage
- ☒ Other (specify)) **Our estimates show that the percent of children with incomes between 201-300% of the federal poverty level who have insurance has decreased from 84.2% in 1997 to 82.7% in 1999, suggesting that there are some changes occurring in the private market that are negatively affecting affordability. (Evaluation by Cecil G. Sheps Center for Health Services Research (UNC-CH)**

- ☐ Changes in the delivery system
- ☐ Changes in extent of managed care penetration (e.g., changes in HMO, IPA, PPO activity)
 - ☐ Changes in hospital marketplace (e.g., closure, conversion, merger)
 - ☐ Other (specify) **According to the NC Department of Insurance and the Cecil Sheps Center for Health Statistics there have been no substantive changes in the delivery system. HMO rates were increased by a very large percentage, but not outside the national norm in terms of actual dollars.**
- ☐ Development of new health care programs or services for targeted low-income children (specify) None known.
- ☒ Changes in the demographic or socioeconomic context
- ☒ Changes in population characteristics, such as racial/ethnic mix or immigrant status (specify) **We are hearing reports from all over North Carolina that our Hispanic population is growing exponentially. We are hearing that numbers of elementary schools are now more than 50 percent Hispanic in eastern and central North Carolina. There is no CPS data to support these observations. CPS data would indicate that Hispanics comprise about 2 percent of the overall population. We currently have a 5% Hispanic participation in our program. We do not have a measure to tell us if we are adequately penetrating this market.**
 - ☐ Changes in economic circumstances, such as unemployment rate (specify) none known.
 - ☒ Other (specify) **The overall population of North Carolina has been growing.. According to estimates from the Office of State Planning North Carolina has had a 3 percent growth of children under the age of 19 from 1997 to 1999.**
 - ☐ Other (specify) _____

SECTION 3. PROGRAM DESIGN

This section is designed to provide a description of the elements of your State Plan, including eligibility, benefits, delivery system, cost-sharing, outreach, coordination with other programs, and anti-crowd-out provisions.

3.1 Who is eligible?

3.1.1 Describe the standards used to determine eligibility of targeted low-income children for child health assistance under the plan. For each standard, describe the criteria used to apply the standard. If not applicable, enter “NA.”

Table 3.1.1			
	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____ _____ _____
Geographic area served by the plan (Section 2108(b)(1)(B)(iv))		The state of North Carolina	
Age		0-18	

Income (define countable income)		<p>Up to 200% of the federal poverty level. Countable income consists of gross earnings minus allowable deductions and disregards of income as well as sources of unearned income. Allowable deductions include \$90 (monthly) for business deductions, \$175 (over age 2) or \$200 (under age 2) (monthly) for child care costs (by child). County can deduct amounts paid for court ordered child support to children not living in the home. Other sources of unearned income include Veteran's Benefits, Retirement benefits, unemployment insurance, worker's compensation, dividends and interest from stocks and bonds, etc.</p>	
Resources (including any standards relating to spend downs and disposition of resources)		N/A	
Residency requirements		Resident of State of NC	
Disability status		N/A	

Access to or coverage under other health coverage (Section 2108(b)(1)(B)(i))		First six months of the program—a six-month waiting period; After April 1, 1999 a two month waiting period	
Other standards (identify and describe)		Must be a citizen or qualified alien; not incarcerated, not in a long term care facility or psychiatric hospital/institution, uninsured (six months from October 1, 1998 to March 30, 1999; two months from April 1, 1999 forward), state resident, under age 19, and ineligible for Medicaid.	

**Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.*

3.1.2 How often is eligibility redetermined?

Table 3.1.2			
Redetermination	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* ----- -
Monthly			
Every six months			
Every twelve months		X	
Other (specify)			

*Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

3.1.3 Is eligibility guaranteed for a specified period of time regardless of income changes? (Section 2108(b)(1)(B)(v))

X Yes ☐ Which program(s)? **NC Health Choice for Children**

For how long? **12 months**

☐ No

3.1.4 Does the CHIP program provide retroactive eligibility?

☐ Yes ☐ Which program(s)?

How many months look-back?

X No

3.1.5 Does the CHIP program have presumptive eligibility?

☐ Yes ☐ Which program(s)?

Which populations?

Who determines?

X No

3.1.6 Do your Medicaid program and CHIP program have a joint application?

 X Yes o Is the joint application used to determine eligibility for other State programs? **NO** If yes, specify.
 No

3.1.7 Evaluate the strengths and weaknesses of your *eligibility determination* process in increasing creditable health coverage among targeted low-income children

Strengths of eligibility process: one eligibility worker examines the application and determines if the child is eligible for Medicaid or S-CHIP in one eligibility review, this shortens the time involved and the potential for error. Shorter & simpler form that can be mailed in or submitted to health department or social services office provides more options for citizens and ease of access. Publication of the application in Spanish has assisted Hispanic citizens in accessing the system. Toll free number to access the form has made the process simpler.

Weaknesses of eligibility determination process: Requirements of the self-employed that they must submit a year's worth of business records has proven cumbersome and has apparently caused some potential applicants to fail to complete their forms. The requirement of a \$50/\$100 enrollment fee is the leading cause of denied applications. Counties also report that attempts to collect the fee (and the one-month's worth of pay stubs) slow the process and cost more in time than the money collected. There is also a need to retool the thinking of eligibility workers into a form of insurance agent. The requirement of a two-month waiting period with no insurance has reportedly presented a hardship on families of special needs children who may be severely underinsured and in need of an adequate, affordable health insurance program. Each of these concerns is now under examination.

3.1.8 Evaluate the strengths and weaknesses of your *eligibility redetermination* process in increasing creditable health coverage among targeted low-income children. How does the redetermination process differ from the initial eligibility determination process?

Strengths: There are few differences in redetermination and determination. The same form is used and is mailed to the family during the process. The family is asked to fill out the form, sign it and return it with any appropriate paperwork. A strength of the re-enrollment process is the automated notification of need to reenroll. The Eligibility Information System recognizes end of enrollment period and automatically sends re-enrollment form to family. Only the last month of the reporting year was involved in redetermination. We are still in the process of assessing weaknesses in the systems

and corrections/adjustments that may need to be made.

- 3.2 What benefits do children receive and how is the delivery system structured?
(Section 2108(b)(1)(B)(vi))

3.2.1 Benefits

Please complete Table 3.2.1 for each of your CHIP programs, showing which benefits are covered, the extent of cost sharing (if any), and benefit limits (if any).

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” “table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

Table 3.2.1 CHIP Program Type			
Benefit	Is Service Covered? (* = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Inpatient hospital services	*		
Emergency hospital services	*	\$20.00 copay for children in the 151% FPL and greater	
Outpatient hospital services	*		
Physician services	*	\$5.00 copay for children in the 151% FPL and greater	
Clinic services	*		
Prescription drugs	*	\$6.00 copay for children in the 151% FPL and greater	
Over-the-counter medications			
Outpatient laboratory and radiology services	*		
Prenatal care			
Family planning services	*		
Inpatient mental health services	*		Needs prior approval from Mental Health Case Manager before being admitted
Outpatient mental health services	*		Up to 26 visits covered in Plan year without getting prior approval. Over 26 visits covered if approved in advance by the Mental Health Case Manager

Inpatient substance abuse treatment services	*		Needs prior approval from Mental Health Case Manager before being admitted
Residential substance abuse treatment services	*		Needs prior approval from Mental Health Case Manager before being admitted
Outpatient substance abuse treatment services	*		Up to 26 visits covered in plan year without getting prior approval. Over 26 visits covered if approved in advance by the Mental Health Case Manager
Durable medical equipment	*		Must be medically necessary. Need prior approval for all purchases over \$250
Disposable medical supplies	*		
Preventive dental services	*		Covered for cleaning and scaling, fillings, sealants and fluoride treatments (once every 6 months)
Restorative dental services	*		Covered for simple tooth pulling (pulling impacted teeth are not covered), removal of part of the nerve (pulpotomy, and stainless steel crowns)
Hearing screening	*		
Hearing aids	*		Prior approval necessary
Vision screening	*		
Corrective lenses (including eyeglasses)	*		Prior approval needed. Benefits limited to one set of glasses (lenses) or contacts once every 12 months. Frames are limited to one set every 24 months.
Developmental assessment			
Immunizations	*		
Well-baby visits	*		Unlimited well-baby visits up to 1 year of age

Well-child visits	*		Limited to: 3 visits each year between 1 and 2 years of age; 1 visit each year between 2 and 7 years of age; 1 visit every 3 years between 7 and 19 years of age
Physical therapy	*		Prior approval required when rendered in the home
Speech therapy	*		Prior approval required when given in home or office
Occupational therapy	*		Prior approval required when given in the home.
Physical rehabilitation services	*		
Podiatric services	*		
Chiropractic services	*		Limited to \$2,000 each year
Medical transportation	*		Must be medically necessary and prior approval is required for land or air trips over 50 miles
Home health services	*		Limited to private duty nursing, skilled nursing visits and services of home care aides under the direct supervision of a registered nurse (RN). Prior approval required for all home health services.
Nursing facility	*		Skilled nursing facility care (short-term skilled care to medically stabilize the child). Prior approval is required.
ICF/MR	*		Covered with prior approval.
Hospice care	*		Covered with prior approval.
Private duty nursing	*		Covered with prior approval
Personal care services			

Habilitative services			
Case management/Care coordination	*		Only available for children with special needs. Prior approval necessary.
Non-emergency transportation			
Interpreter services			
Other (Specify) <u>Emergency Respite Care</u>	*		Only available for families of children with special needs. Prior approval necessary.
Other (Specify)			
Other (Specify)			

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” “table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

Note from North Carolina regarding the benefit structure. The scope, depth and breadth of the State Employees Plan was greater than expected. The addition of vision, dental and hearing were initial challenges that were successfully met. The key in communicating the benefits and in receiving suggested changes in the benefits structure was a provider advisory group comprised of the majority of health disciplines most likely to interact with children.

3.2.2 Scope and Range of Health Benefits (Section 2108(b)(1)(B)(ii))

Please comment on the scope and range of health coverage provided, including the types of benefits provided and cost-sharing requirements. Please highlight the level of preventive services offered and services available to children with special health care needs. Also, describe any enabling services offered to CHIP enrollees. (Enabling services include non-emergency transportation, interpretation, individual needs assessment, home visits, community outreach, translation of written materials, and other services designed to facilitate access to care.)

North Carolina Health Choice for Children offers a broad range of benefits. The benefits are the same as those offered to teachers and state workers plus vision, dental and hearing and special needs coverage up to the Medicaid level. There is no cost sharing below 150% of the federal poverty level and only limited cost sharing above 150% of poverty. Cost sharing consists of an enrollment fee of \$50 for one child or \$100 for two or more children and co-payments of \$5 for non-preventive visits to a physician or a clinic, \$6 per prescription drug and \$20 for non-emergency, emergency room use.

Preventive services are recommended to follow the American Academy of Pediatrics recommendations and are provided without copay accordingly.

The concept under which the special health care needs component of the NC Health Choice for Children Program was developed was to assure that no child would be “labeled” as special needs. Rather that every child with an initially denied claim would have that claim internally referred for consideration under the special needs provision without the provider or parent knowing of this referral. If the child’s claim met special needs criteria, it would be paid. The practice of the program has been that the core plan is rich enough that only limited referrals to the special needs fund has been necessary.

Children with special health care needs are eligible to receive all services in the core plan and an additional set of wraparound services that makes the NC Health Choice for Children benefit package equal to the benefit package under the state Medicaid program. Additional services, equipment and supplies that may be covered for children with special needs through Health Choice include:

- **Nutrition therapy**
- **Formulas for children fed by tube**
- **Aids for daily living and personal care**

- Seating and positioning equipment
- Standing and walking aids
- Accessibility equipment
- Wheeled mobility accessories
- Miscellaneous supplies (diabetes supplies, enema kits, underpads/diapers, nebulizer kits)
- Augmentative communications devices

For children with mental health, developmental disabilities, and substance abuse problems, services may include:

- Day treatment
- High risk intervention
- Client behavioral intervention
- Case management

The state child health insurance legislation also authorizes the provision of emergency respite care and service coordination to children with special health care needs. Both of these services have been under development during the first year of the program operation.

3.2.3 Delivery System

Identify in Table 3.2.3 the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Check all that apply.

Table 3.2.3			
Type of delivery system	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* ----- —
A. Comprehensive risk managed care organizations (MCOs)			
Statewide?	___ Yes ___ No	___ Yes <u>X</u> No	___ Yes ___ No
Mandatory enrollment?	___ Yes ___ No	___ Yes <u>X</u> No	___ Yes ___ No
Number of MCOs		<u>0</u>	
B. Primary care case management (PCCM) program		<u>N/A</u>	
C. Non-comprehensive risk contractors for selected services such as mental health, dental, or vision (specify services that are carved out to managed care, if applicable)		<u>N/A</u>	
D. Indemnity/fee-for-service (specify services that are carved out to FFS, if applicable)		<u>Statewide</u>	
E. Other (specify) <u>Value Options, a subcontractor of Blue Cross, Blue Shield of North Carolina case manages the program's mental health benefit but is not at risk.</u>		<u>Statewide</u>	
F. Other (specify)			
G. Other (specify)			

*Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a

table, right click on the mouse, select “insert” and choose “column”.

3.3 How much does CHIP cost families?

- 3.3.1 Is cost sharing imposed on any of the families covered under the plan? (Cost sharing includes premiums, enrollment fees, deductibles, coinsurance/ copayments, or other out-of-pocket expenses paid by the family.)

___ No, skip to section 3.4

__X_ Yes, check all that apply in Table 3.3.1

Table 3.3.1			
Type of cost-sharing	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program*_____
Premiums			_____
Enrollment fee		Yes, for those above 150% fpl=\$50 for one child; \$100 for two or more children once a year at the time of enrollment	
Deductibles			
Coinsurance/copayments**		Yes -- \$5 for non preventive physician’s visit, \$6 for prescription drug, \$20 for non emergency emergency room	
Other (specify) _____			

*Make a separate column for each “other” program identified in section 2.1.1. To add a
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column to a table, right click on the mouse, select “insert” and choose “column”.

**See Table 3.2.1 for detailed information.

3.3.2 **If premiums are charged:** What is the level of premiums and how do they vary by program, income, family size, or other criteria? (Describe criteria and attach schedule.) How often are premiums collected? What do you do if families fail to pay the premium? Is there a waiting period (lock-out) before a family can re-enroll? Do you have any innovative approaches to premium collection?

3.3.3 **If premiums are charged:** Who may pay for the premium? Check all that apply. (Section 2108(b)(1)(B)(iii))

- ☐ Employer
- ☐ Family
- ☐ Absent parent
- ☐ Private donations/sponsorship
- ☐ Other (specify) _____

3.3.4 **If enrollment fee is charged:** What is the amount of the enrollment fee and how does it vary by program, income, family size, or other criteria? **For those above \$150% of the federal poverty level, there is an enrollment fee of \$50 for a child, up to \$100 for two or more children. It is collected at the time of enrollment as part of the enrollment process.**

3.3.5 **If deductibles are charged:** What is the amount of deductibles (specify, including variations by program, health plan, type of service, and other criteria)?

3.3.6 How are families notified of their cost-sharing requirements under CHIP, including the 5 percent cap? **The information is provided at the time of enrollment through the NC Health Choice Benefits Booklet. Cost sharing is printed on the NC Health Choice Card. At the time of approval for CHIP coverage a letter is mailed to the family notifying them of their cost-sharing requirements. When a family has reached its 5% cap a letter is generated from Blue Cross/Blue Shield informing them of this fact and asking them to present the letter to their providers so they will not have to pay copayments. No family has yet to reach the 5% limit.**

3.3.7 How is your CHIP program monitoring that annual aggregate cost-sharing does not exceed 5 percent of family income? Check all that apply below and include a narrative providing further details on the approach.

- ___ Shoebox method (families save records documenting cumulative level of cost sharing)
- ___X___ Health plan administration (Health plans track cumulative level of cost sharing)

The claims processing system accumulates the copay amounts taken on each claim. When a claim is processed that meets the 5 percent cap, a report is automatically generated. All the children's policies are marked for the remainder of the benefit period so that future claims do not take any additional copays. A letter is generated and sent to the family notifying them that they have reached their copay cap and to use the letter as proof when receiving future services.

- ___ Audit and reconciliation (State performs audit of utilization and cost sharing)
- ___ Other (specify)_____

- 3.3.8 What percent of families hit the 5 percent cap since your CHIP program was implemented? (If more than one CHIP program with cost sharing, specify for each program.)

Since the S-CHIP program was implemented there have not been any families that have met the cost-sharing cap.

- 3.3.9 Has your State undertaken any assessment of the effects of premiums on participation or the effects of cost sharing on utilization, and if so, what have you found?

We do not have premiums; however, we do have an annual enrollment fee of \$50 for one child and \$100 for two or more children for those families above 150% of the federal poverty level. We have found that the leading cause for denial of applications (all income levels) is for failure to pay the enrollment fee. There were slightly over 4,000 children who were denied during the first year of the program for failure to pay enrollment fees.

- 3.4 How do you reach and inform potential enrollees?

- 3.4.1 What client education and outreach approaches does your CHIP program use?

Please complete Table 3.4.1. Identify all of the client education and outreach approaches used by your CHIP program(s). Specify which approaches are used (T=yes) and then rate the effectiveness of each approach on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.1

Approach	Medicaid CHIP Expansion		State-Designed CHIP Program		Other CHIP Program*	
	T = Yes	Rating (1-5)	T = Yes	Rating (1-5)	T = Yes	Rating (1-5)
Billboards			T	2		
Brochures/flyers			T	4		
Direct mail by State/enrollment broker/administrative contractor			T	3		
Education sessions			T	4		
Home visits by State/enrollment broker/administrative contractor			T	5		
Hotline			T	4		
Incentives for education/outreach staff			No			
Incentives for enrollees			T	3		
Incentives for insurance agents			T	2		
Non-traditional hours for application intake			T	3		
Prime-time TV advertisements			T	3		
Public access cable TV			T	2		
Public transportation ads			No			

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Radio/newspaper/TV advertisement and PSAs			T	3		
Signs/posters			T	3		
State/broker initiated phone calls			T	4		
Other (specify) <u>local grassroots outreach coalitions*</u>			T	5		
Other (specify) <u>outreach workers</u> <u>(health check coordinators</u>			T	5		

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

*** Under the leadership of our statewide outreach committee, North Carolina chose to use a local grassroots outreach approach with SCHIP. Each of our 100 counties was asked to form an outreach coalition led by county social services and public health directors to pull in a diverse group of individuals representing public and private NFP agencies, churches, businesses, schools/day cares, health care providers, media, consumers, etc.**

Local coalitions were asked to consider inclusion of representatives from the following groups in forming their outreach coalition...

- Health Departments
- Department of Social Services
- Community/Rural/Migrant Health Centers
- Private Practice Provider(s)
- Hospital
- Mental Health Center
- Schools
- Child Care (Includes Smart Start Partnership/Child Care Resource and Referral/ and/or Head Start Program).
- Family Support Network
- Business and Industry
- Chamber of Commerce
- Media
- Churches
- Housing Authority
- Other Private Not-For-Profit Community Organizations
- Consumers

They were also asked to assure that the coalition was ethnically diverse.

3.4.2 Where does your CHIP program conduct client education and outreach?

Please complete Table 3.4.2. Identify all the settings used by your CHIP program(s) for client education and outreach. Specify which settings are used (T=yes) and then rate the effectiveness of each setting on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.2						
Setting	Medicaid CHIP Expansion		State-Designed CHIP Program		Other CHIP Program*	
	T = Yes	Rating (1-5)	T = Yes	Rating (1-5)	T = Yes	Rating (1-5)
Battered women shelters			T	2		
Community sponsored events			T	4		
Beneficiary's home			T	5		
Day care centers			T	5		
Faith communities			T	3		
Fast food restaurants			T	2		
Grocery stores			T	2		
Homeless shelters			T	2		
Job training centers			T	1		
Laundromats			T	2		
Libraries			T	3		
Local/community health centers			T	4		
Point of service/provider locations			T	4		
Public meetings/health fairs			T	3		

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Public housing			T	3		
Refugee resettlement programs						
Schools/adult education sites			T	5		
Senior centers						
Social service agency			T	5		
Workplace			T	3		
Other (specify) <u>Division of Motor Vehicles Offices</u>			T	3		
Other (specify) <u>Not for Profit Community Agencies such as the YMCA/YWCA, United Way, etc.</u>			T	4		

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

3.4.3 Describe methods and indicators used to assess outreach effectiveness, such as the number of children enrolled relative to the particular target population. Please be as specific and detailed as possible. Attach reports or other documentation where available.

- Mailed monthly updates to local coalitions, including enrollment data, so they could evaluate the success of their efforts in relation to other counties and the state.
- The Cecil G. Sheps Center for Health Services Research/UNC-CH did a consumer survey of 1,796 newly enrolled children during 6/99-7/99. With 1,346 returned surveys, they achieved an 74% response rate. The results are just now becoming available. The response to the question, “How did you learn about NC Health Choice?” is helpful to our outreach evaluation.
- Within the first 2-4 months of program implementation, we conducted a coalition survey.
- The NC Family Health Resource Line, which is the State’s Title V/MCH Hotline, was utilized for information, referral and advocacy in relation to our SCHIP Program. Reports from the resource line provide data on total call volume, age and race/ethnicity of callers, and how individuals learned about the line.
- Anecdotal information from local coalition staff about strategies tried and which are most effective

3.4.4 What communication approaches are being used to reach families of varying ethnic backgrounds?

Through our Duke Endowment Health Choice Minority Outreach Grant, we are targeting outreach to African American, Hispanic Latino, and Native American Communities. What we are learning from those projects is that outreach is most successfully accomplished when the message is delivered personally from someone they trust. The different projects have utilized door to door canvassing, home visiting, and outreach to community agencies, organizations, health care providers, businesses, media, and churches that specifically serve the population being targeted.

3.4.5 Have any of the outreach activities been more successful in reaching certain populations? Which methods best reached which populations? How have you measured their effectiveness? Please present quantitative findings where available.

In general, it is our belief that North Carolina has done well with SCHIP outreach because the major thrust was a local grassroots outreach coalition strategy. Each of the 100 counties was asked to form a local outreach coalition with diverse representation (see 3.4.1). That strategy

assured that our outreach would be more personal and tailored to the local community. The state's role then became one of supporting the local coalitions' efforts by providing the tools... print materials, electronic media, monthly programmatic and data updates, consultation/technical assistance, workshops, outreach to state and regional organizations, newspaper coverage, newsletter articles, etc. The most effective outreach strategies to the general population, based on consumer and coalition surveys, have been outreach through schools, child care providers, and public agencies (local departments of social services and health especially).

We have been particularly successful in our outreach to families at lower income levels. Our SCHIP Program is free for families < 150% FPL, but adds enrollment fees (\$50/child up to maximum of \$100/family) for families >150% FPL. Of the children enrolled, 70% are in families below 150% FPL; 30% are above. Our failure to capture a higher number at the upper income levels has been attributed to two causes:

- The enrollment fee is a barrier and continues to be the most common reason for a denied application (30%). This does not include families who choose not to apply due to the enrollment fee.
- Initially we targeted outreach efforts to families most likely to be eligible. Thus, we focused on children in subsidized child care; children eligible for WIC, free and reduced price school lunch, and other subsidized nutrition programs; children previously eligible for Medicaid; children previously eligible for the Caring Program for Children; families applying for public housing; etc. While this targeting in the midst of a general outreach campaign was appropriate for year one, we are now redirecting efforts to enroll families in higher income levels by doing more *personal* outreach through schools, business and industry, the provider community, and the faith community.

With regard to targeting outreach to minority populations, we feel that it is most successfully accomplished when it is:

- Personal
- From someone they trust, preferably of their race.
- From their media.
- From their own community organizations, churches, businesses, etc.
- Utilizing materials developed with sensitivity to their culture.

Our success in recruiting minority populations is reflected in enrollment data by race and through hotline data (although we only recently began collecting demographics on ethnicity).

The race distribution of enrolled children:

54% Caucasian; 35% African-American; 5% Hispanic/Latino; 2% Native American; 1%

Asian; 3% Other.

The race distribution for the state's population:

73% Caucasian; 22% African-American; 2% Hispanic/Latino; 1% Native American. (State Center)

3.5 What other health programs are available to CHIP eligibles and how do you coordinate with them? (Section 2108(b)(1)(D))

Describe procedures to coordinate among CHIP programs, other health care programs, and non-health care programs. Table 3.5 identifies possible areas of coordination between CHIP and other programs (such as Medicaid, MCH, WIC, School Lunch). Check all areas in which coordination takes place and specify the nature of coordination in narrative text, either on the table or in an attachment.

Table 3.5				
Type of coordination	Medicaid*	Maternal and child health	Other (specify) Teachers and State Employees Comprehensive Major Medical Plan	Other (specify) _____
Administration	*			
Outreach		*		
Eligibility determination	*			
Service delivery			*	
Procurement	*	*	*	
Contracting	*	*	*	
Data collection	*		*	

Quality assurance	<p>The N.C. Division of Medical Assistance has incorporated Health Choice into the assessment of patient satisfaction for Medicaid Managed Care enrollees. The Division is contracting with the University of North Carolina at Charlotte to perform the NCQA Consumer Assessment of Health Plan Survey (CAHPS) and analyze the results with comparisons across all Medicaid managed care programs and health Choice (see 4.5.1) Once the data is accessible within the Division , DMA also plans to produce utilization data that corresponds to Medicaid managed care utilization data.</p>			
Other (specify) <u>Special Needs</u>		*		
Other (specify)				

*Note: This column is not applicable for States with a Medicaid CHIP expansion program only.

**** The Management structure of North Carolina Health Choice for Children is built intrinsically on coordination among existing agencies. Benefits are managed through the NC Teachers and State Employees Comprehensive Major Medical Plan. County Medicaid offices and public health agencies establish eligibility. The Division of Medical Assistance is responsible for eligibility policy, quality oversight, funds management linkages to the federal government. The Division of Public Health's Title V program is responsible for outreach and special needs services. Two separate private companies and one public agency deal with different aspects of information management. Eligibility information is handled through the Division of Information Management and EDS federal. Claims information is handled through Blue Cross Blue Shield, claims processing agent for the State Employees Health Plan. Ongoing cooperative, coordinated efforts among all of these entities have been essential to the successful operation of this program. Telephone, email and at least weekly meetings have been the mechanisms used for program management.**

3.6 How do you avoid crowd-out of private insurance?

- 3.6.1 Describe anti-crowd-out policies implemented by your CHIP program. If there are differences across programs, please describe for each program separately. Check all that apply and describe.

X Eligibility determination process:

- X Waiting period without health insurance (specify) Six months waiting period from October 1, 1998 to April 1, 1999. After April 1, 1999 two months waiting period
- Information on current or previous health insurance gathered on application (specify)
- Information verified with employer (specify)
- Records match (specify)
- X Other (specify) Survey of new enrollees regarding previous insurance
- X Other (specify) Reports of violators by insurance companies (BCBS), social workers, or providers or others are turned over to the fraud and abuse section of the NC Division of Medical Assistance

 Benefit package design:

- Benefit limits (specify)
- X Cost-sharing (specify) Above 150% fpl \$50 enrollment fee for one child; \$100 for two or more children
- Other (specify)
- Other (specify)

Other policies intended to avoid crowd out (e.g., insurance reform):

- Other (specify)
- Other (specify) _____

- 3.6.2 How do you monitor crowd-out? What have you found? Please attach any available reports or other documentation.

Crowd out is difficult to monitor because assessment depends on self-reported information on prior insurance and the reliability of these data is not clear. For the 38.5% of all NCHC enrollees who came straight from Medicaid coverage, crowdout is

not an issue. Using data from a survey of a sample of NCHC enrollees conducted by the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, very rough estimates of the percent of NCHC enrollees whose parents intentionally dropped other health insurance coverage in order for their child to qualify for NCHC can be made. Specifically, one question in the sample survey asks why the child's most recent insurance coverage ended. One possible response to this question was that the "child could not have other insurance and still qualify for NCHC". Using the survey sample response to that question and applying it to the total NCHC enrollee population, it would appear that the parents of 0.7% of all enrollees may have intentionally dropped coverage so their child could qualify. It should be noted that the data do not allow for control of multiple NCHC enrollees in one family; it is assumed that each child's coverage decision is made independently.

Because of the tendency of survey respondents to under-report sensitive information, the estimate of 0.7% crowd-out represents a lower bound of the true range. The survey also asked respondents whether they had dropped their child's insurance because it was too expensive or it did not pay for enough services. Aggregating affirmative responses to these two questions with the question regarding intentional discontinuation of coverage gives an estimate of an upper bound for the rate of crowd-out. Considering children whose parent (a) cited at least one of the three reasons for dropping health insurance and (b) dropped their prior coverage within six months or less of the time they enrolled in NCHC to meet State requirements, to be those whose insurance was arguably "crowded-out", results in a less stringently defined "crowd-out" rate. Applying this new crowd-out rate to all NCHC enrollees gives an upper bound for the crowd out rate of 8.3% (source: Rebecca T. Slifkin, Ph.D.

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SECTION 4. PROGRAM ASSESSMENT

This section is designed to assess the effectiveness of your CHIP program(s), including enrollment, disenrollment, expenditures, access to care, and quality of care.

4.1 Who enrolled in your CHIP program?

4.1.1 What are the characteristics of children enrolled in your CHIP program? (Section 2108(b)(1)(B)(i))

Please complete Table 4.1.1 for each of your CHIP programs, based on data from your HCFA quarterly enrollment reports. Summarize the number of children enrolled and their characteristics. Also, discuss average length of enrollment (number of months) and how this varies by characteristics of children and families, as well as across programs.

States are also encouraged to provide additional tables on enrollment by other characteristics, including gender, race, ethnicity, parental employment status, parental marital status, urban/rural location, and immigrant status. Use the same format as Table 4.1.1, if possible.

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” “table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

Source: North Carolina has used its most current month-end (2/29/2000) MMIS Eligibility Master to prepare both the requested Table 4.1.1 and all the supplemental tables in order that data on all tables will crossfoot. Enrollees in North Carolina's State Only Program, North Carolina Health Choice for Children (NCHC), are carried on the State MMIS Eligibility master in the same record format as any other Title XIX eligible. As of 2/29/2000 all case actions related to FFY99 NCHC, but possibly delayed in those counties most severely affected by Hurricane Floyd flooding would have processed. An Enrollee is defined as any individual who had at least one day of NCHC benefit coverage during FFY99. An enrollee who disenrolled, but was re-enrolled as of the last month of FFY99 is not counted as a Disenrollee for FFY99. This is consistent with the definition used for disenrollment in a quarter. The urban/rural county distinctions are based on the US Census' 1996 metro designations from their 1998 Area Resource File. (<http://www.census.gov/population/estimates/metro-city/maupdate.txt>)

Table 4.1.1 CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Age and Income Crosstab						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children	N/A	59,542	N/A	6.94	N/A	2,695
Age						
Under 1		106		5.81		9
1-5		13,829		6.61		433
6-12		31,075		7.08		1,151
13-18		14,532		6.97		1,102
Countable Income Level						
At or below 150% FPL		41,679		6.79		2,223
Above 150% FPL		17,863		7.28		472
Age and Income						
Under 1						
At or below 150% FPL		11		4.54		5
Above 150% FPL		95		5.95		4
1-5						
At or below 150% FPL		6,662		6.40		278
Above 150% FPL		7,167		6.80		155
6-12						
At or below 150% FPL		23,841		6.90		1,013
Above 150% FPL		7,234		7.64		138
13-18						
At or below 150% FPL		11,165		6.78		927
Above 150% FPL		3,367		7.58		175
Type of plan						
Fee-for-service		59,542		6.94		2,695
Managed care						
PCCM						

The following are additional tables on enrollment by gender, ethnicity, age, income and urban/rural location as carried on our MMIS Eligibility Master. An alpha suffix has been added to identify each table as indicated in the following list:

Table 4.1.1.a	Age and Gender Crosstab
Table 4.1.1.b	Age and Ethnicity Crosstab
Table 4.1.1.c	Age, Ethnicity, and Income Crosstab
Table 4.1.1.d	Ethnicity and Income Crosstab
Table 4.1.1.e	Age, Gender, and Income Crosstab
Table 4.1.1.f	Ethnicity, Gender, Age, and Income Crosstab (for counties designated as urban in population density)
Table 4.1.1.g	Ethnicity, Gender, Age, and Income Crosstab (for counties designated as rural in population density)

Table 4.1.1.a CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Age and Gender Crosstab						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children	N/A	59,542	N/A	6.94	N/A	2,695
Age						
Under 1		106		5.81		9
1-5		13,829		6.61		433
6-12		31,075		7.08		1,151
13-18		14,532		6.97		1,102
Gender						
Male		30,039		6.97		1,283
Female		29,503		6.91		1,412
Age and Gender						
Under 1						
Male		57		5.68		4
Female		49		5.95		5
1 – 5						
Male		7,154		6.57		248
Female		6,675		6.65		185
6 – 12						
Male		15,826		7.11		608
Female		15,249		7.03		543
13 – 18						
Male		7,002		7.05		1,283
Female		7,530		6.90		1,412
Type of plan						
Fee-for-service		59,542		6.94		2,695
Managed care						
PCCM						

Table 4.1.1.b CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Age and Race Crosstab						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children	N/A	59,542	N/A	6.94	N/A	2,695
Age						
Under 1		106		5.81		9
1-5		13,829		6.61		433
6-12		31,075		7.08		1,151
13-18		14,532		6.97		1,102
Ethnicity						
Alaskan Native/ Native America		1,193		6.99		48
Asian/ Pacific Islander		768		6.56		42
Black, Not Hispanic		20,720		6.87		1,109
Hispanic		3,176		6.20		110
Other		1,783		6.83		126
White/ Not Hispanic		31,902		7.07		1,260
Age and Ethnicity						
Under 1						
Alaskan Native/ Native America		2		4.50		1
Asian/ Pacific Islander		0		0.00		0
Black, Not Hispanic		23		5.00		2
Hispanic		14		5.64		2
Other		3		7.0		0
White/ Not Hispanic		64		6.12		4
1 – 5						
Alaskan Native/ Native America		290		6.70		11
Asian/ Pacific Islander		185		5.94		11
Black, Not Hispanic		3,301		6.50		122
Hispanic		1,438		6.02		43
Other		396		6.50		23
White/ Not Hispanic		8,219		6.78		223

Table 4.1.1.b CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Age and Race Crosstab						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
6 – 12						
Alaskan Native/ Native America		592		7.01		13
Asian/ Pacific Islander		396		6.81		16
Black, Not Hispanic		11,403		6.98		472
Hispanic		1,378		6.32		46
Other		974		6.90		67
White/ Not Hispanic		16,332		7.23		537
13 – 18						
Alaskan Native/ Native America		309		7.32		23
Asian/ Pacific Islander		187		6.64		15
Black, Not Hispanic		5,993		6.87		513
Hispanic		346		6.49		19
Other		410		6.98		36
White/ Not Hispanic		7,287		7.07		496
Type of plan						
Fee-for-service		59,542		6.94		2,695
Managed care						
PCCM						

Table 4.1.1.c CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Age, Race, and Income Crosstab						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children	N/A	59,542	N/A	6.94	N/A	2,695
Age						
Under 1		106		5.81		9
1-5		13,829		6.61		433
6-12		31,075		7.08		1,151
13-18		14,532		6.97		1,102
Ethnicity						
Alaskan Native/ Native America		1,193		6.99		48
Asian/ Pacific Islander		768		6.56		42
Black, Not Hispanic		20,720		6.87		1,109
Hispanic		3,176		6.20		110
Other		1,783		6.83		126
White/ Not Hispanic		31,902		7.07		1,260
Countable Income Level						
At or below 150% FPL		41,679		6.79		2,223
Above 150% FPL		17,863		7.28		472
<u>Age, Race, and Income</u>						
<u>Under 1</u>						
Alaskan Native/ Native America						
At or below 150% FPL		1		1.00		1
Above 150% FPL		1		8.00		0
Asian/ Pacific Islander						
At or below 150% FPL		0		0.00		0
Above 150% FPL		0		0.00		0
Black, Not Hispanic						
At or below 150% FPL		3		4.00		2
Above 150% FPL		20		5.15		0

Table 4.1.1.c CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Age, Race, and Income Crosstab							
Characteristics		Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
		FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Hispanic							
	At or below 150% FPL		1		1.00		1
	Above 150% FPL		13		6.00		1
Other							
	At or below 150% FPL		0		0.00		0
	Above 150% FPL		3		7.00		0
White/ Not Hispanic							
	At or below 150% FPL		6		6.00		1
	Above 150% FPL		58		6.13		3
1 - 5							
Alaskan Native/ Native America							
	At or below 150% FPL		156		6.42		7
	Above 150% FPL		134		6.81		4
Asian/ Pacific Islander							
	At or below 150% FPL		100		6.04		10
	Above 150% FPL		85		5.83		1
Black, Not Hispanic							
	At or below 150% FPL		1,809		6.35		84
	Above 150% FPL		1,492		6.68		38
Hispanic							
	At or below 150% FPL		738		6.01		23
	Above 150% FPL		700		6.03		20
Other							
	At or below 150% FPL		175		6.39		14
	Above 150% FPL		221		6.58		9
White/ Not Hispanic							
	At or below 150% FPL		3,684		6.51		462
	Above 150% FPL		4,535		6.99		75

Table 4.1.1.c CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Age, Race, and Income Crosstab						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
6 -12						
Alaskan Native/ Native America						
At or below 150% FPL		451		6.90		20
Above 150% FPL		141		7.36		3
Asian/ Pacific Islander						
At or below 150% FPL		313		6.76		14
Above 150% FPL		83		7.00		2
Black, Not Hispanic						
At or below 150% FPL		9,397		6.85		428
Above 150% FPL		2,006		7.58		44
Hispanic						
At or below 150% FPL		1,103		6.24		40
Above 150% FPL		275		6.61		6
Other						
At or below 150% FPL		715		6.56		57
Above 150% FPL		259		7.83		10
White/ Not Hispanic						
At or below 150% FPL		11,862		7.03		462
Above 150% FPL		4,470		7.74		75
13 - 18						
Alaskan Native/ Native America						
At or below 150% FPL		223		7.34		28
Above 150% FPL		86		7.27		5
Asian/ Pacific Islander						
At or below 150% FPL		146		6.82		23
Above 150% FPL		41		6.00		8
Black, Not Hispanic						
At or below 150% FPL		4,928		6.75		451

Above 150% FPL		1,065		7.44		62
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Table 4.1.1.c CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Age, Race, and Income Crosstab							
Characteristics		Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
		FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Hispanic							
	At or below 150% FPL		263		6.41		16
	Above 150% FPL		83		6.72		3
Other							
	At or below 150% FPL		293		6.74		28
	Above 150% FPL		117		7.58		8
White/ Not Hispanic							
	At or below 150% FPL		5,312		6.82		403
	Above 150% FPL		1,975		7.74		93
Type of plan							
Fee-for-service			59,542		6.94		2,695
Managed care							
PCCM							

Table 4.1.1.d CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Race and Income Crosstab						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children	N/A	59,542	N/A	6.94	N/A	2,695
Ethnicity						
Alaskan Native/ Native America		1,193		6.99		48
Asian/ Pacific Islander		768		6.56		42
Black, Not Hispanic		20,720		6.87		1,109
Hispanic		3,176		6.20		110
Other		1,783		6.83		126
White/ Not Hispanic		31,902		7.07		1,260
Countable Income Level						
At or below 150% FPL		41,679		6.79		2,223
Above 150% FPL		17,863		7.28		472
Ethnicity and Income						
Alaskan Native/ Native America						
At or below 150% FPL		831		6.92		40
Above 150% FPL		362		7.14		8
Asian/ Pacific Islander						
At or below 150% FPL		559		6.64		33
Above 150% FPL		209		6.33		9
Black, Not Hispanic						
At or below 150% FPL		16,137		6.76		965
Above 150% FPL		4,583		7.24		144
Hispanic						
At or below 150% FPL		2,105		6.18		80
Above 150% FPL		1,071		6.23		30

Table 4.1.1 CHIP Program Type: <u>State Only Program</u>							
North Carolina Health Choice for Children (NCHC)							
Age and Income Crosstab							
Characteristics		Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
		FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Other							
	At or below 150% FPL		1,183		6.58		99
	Above 150% FPL		600		7.31		27
White/ Not Hispanic							
	At or below 150% FPL		20,864		6.89		1,006
	Above 150% FPL		11,038		7.42		254
Type of plan							
Fee-for-service			59,542		6.94		2,695
Managed care							
PCCM							

Table 4.1.1.e CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Age, Gender, and Income Crosstab						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children	N/A	59,542	N/A	6.94	N/A	2,695
Age						
Under 1		106		5.81		9
1-5		13,829		6.61		433
6-12		31,075		7.08		1,151
13-18		14,532		6.97		1,102
Gender						
Male		30,039		6.97		1,283
Female		29,503		6.91		1,412
Countable Income Level*						
At or below 150% FPL		41,679		6.79		2,223
Above 150% FPL		17,863		7.28		472
<u>Age, Gender, And Income</u>						
Under 1						
Male						
	At or below 150% FPL	4		1.5		4
	Above 150% FPL	53		6.0		0
Female						
	At or below 150% FPL	7		6.28		1
	Above 150% FPL	42		5.90		4
1 – 5						
Male						
	At or below 150% FPL	3,424		6.42		156
	Above 150% FPL	3,730		6.71		92
Female						
	At or below 150% FPL	3,238		6.38		122
	Above 150% FPL	3,437		6.90		63

Table 4.1.1.e CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) Age, Gender, and Income Crosstab						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
6 – 12						
Male						
At or below 150% FPL		12,040		6.94		532
Above 150% FPL		3,786		7.66		76
Female						
At or below 150% FPL		11,801		6.86		481
Above 150% FPL		3,448		7.62		62
13 – 18						
Male						
At or below 150% FPL		5,362		6.87		350
Above 150% FPL		1,640		7.62		73
Female						

At or below 150% FPL		5,803		6.70		577
Above 150% FPL		1,727		7.54		102
Type of plan						
Fee-for-service		59,542		6.94		2,695
Managed care						
PCCM						

Table 4.1.1.f CHIP Program Type: State Only Program

North Carolina Health Choice for Children (NCHC)

Ethnicity, Gender, Age, and Income Crosstab (Urban Counties) – Number of Children Ever Enrolled FFY 1999

		<u>Population Density: Urban</u>										
		Countable Income Level										
		At or below 150% FPL					Above 150% FPL					TOTAL
Ethnicity and Gender		Under 1	1 - 5	6 - 12	13 - 18	Total	Under 1	1 - 5	6 - 12	13 - 18	Total	
Alaskan Native/Native American		0	9	40	18	67	0	8	10	4	22	89
	Male	0	4	20	7	31	0	4	8	3	15	46
	Female	0	5	20	11	36	0	4	2	1	7	43
Asian/Pacific Islander		0	87	250	123	460	0	68	71	35	174	634
	Male	0	40	130	68	238	0	34	35	22	91	329
	Female	0	47	120	55	222	0	34	36	13	83	305
Black, Not Hispanic		2	1,169	5,996	2,945	10,112	15	978	1,293	651	2,937	13,049
	Male	1	577	2,935	1,400	4,913	8	495	665	308	1,476	6,389
	Female	1	592	3,061	1,545	5,199	7	483	628	343	1,461	6,660
Hispanic		1	498	720	186	1,405	13	456	186	54	709	2,114
	Male	1	251	351	96	699	8	227	105	32	372	1,071
	Female	0	247	369	90	706	5	229	81	22	337	1,043
Other		0	103	431	179	713	0	138	162	77	377	1,090
	Male	0	60	232	82	374	0	76	89	34	199	573
	Female	0	43	199	97	339	0	62	73	43	178	517
White/ Not Hispanic		6	1,963	6,326	2,733	11,028	33	2,328	2,369	1,017	5,747	16,775
	Male	1	1,017	3,229	1,341	5,588	18	1,245	1,212	500	2,975	8,563
	Female	5	946	3,097	1,392	5,440	15	1,083	1,157	517	2,772	8,212
All Ethnicities		9	3,829	13,763	6,184	23,785	61	3,976	4,091	1,838	9,966	33,751

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	Male	3	1,949	6,897	2,994	11,843	34	2,081	2,114	899	5,128	16,971
	Female	6	1,880	6,866	3,190	11,942	27	1,895	1,977	939	4,838	16,780

Table 4.1.1.g CHIP Program Type: <u>State Only Program</u> North Carolina Health Choice for Children (NCHC) <i>Ethnicity, Gender, Age, and Income Crosstab (Rural Counties) – Number of Children Ever Enrolled FFY 1999</i>												
		<u>Population Density: Rural</u>										
		Countable Income Level*										
		At or below 150% FPL					Above 150% FPL					TOTAL
Ethnicity and Gender		Under 1	1 - 5	6 - 12	13 - 18	Total	Under 1	1 - 5	6 - 12	13 - 18	Total	
Alaskan Native/Native American		1	147	411	205	764	1	126	131	82	340	1,104
	Male	0	75	215	100	390	1	78	64	39	182	572
	Female	1	72	196	105	374	0	48	67	43	158	532
Asian/Pacific Islander		0	13	63	23	99	0	17	12	6	35	134
	Male	0	6	35	6	47	0	8	6	3	17	64
	Female	0	7	28	17	52	0	9	6	3	18	70
Black, Not Hispanic		1	640	3,401	1,983	6,025	5	514	713	414	1,646	7,671
	Male	1	313	1,706	930	2,950	3	267	370	195	835	3,785
	Female	0	327	1,695	1,053	3,075	2	247	343	219	811	3,886
Hispanic		0	240	383	77	700	0	244	89	29	362	1,062
	Male	0	126	207	40	373	0	123	51	17	191	564
	Female	0	114	176	37	327	0	121	38	12	171	498
Other		0	72	284	114	470	3	83	97	40	223	693
	Male	0	35	156	53	244	1	46	55	22	124	368
	Female	0	37	128	61	226	2	37	42	18	99	325
White/ Not Hispanic		0	1,721	5,536	2,579	9,836	25	2,207	2,101	958	5,291	15,127
	Male	0	920	2,824	1,239	4,983	14	1,127	1,126	465	2,732	7,715
	Female	0	801	2,712	1,340	4,853	11	1,080	975	493	2,559	6,412
All Ethnicities		2	2,833	10,078	4,981	17,894	34	3,191	3,143	1,529	7,897	25,791

Developed by the National Academy for State Health Policy

	Male	1	1,475	5,143	2,368	8,987	19	1,649	1,672	741	4,081	13,068
	Female	1	1,358	4,935	2,613	8,907	15	1,542	1,471	788	3,816	12,723

- 4.1.2 How many CHIP enrollees had access to or coverage by health insurance prior to enrollment in CHIP? Please indicate the source of these data (e.g., application form, survey). (Section 2108(b)(1)(B)(i))

Among all children enrolled in NCHC at some point during the first year of the program (the “ever-enrolled”), data from the Medicaid eligibility files (Division Medical Assistance Decision Support Data Warehouse (DRIVE) & NC Department of Health and Human Resources Eligibility Information System) indicate that 38.48% (22,912 children) came directly from the Medicaid program (defined as having 31 days or less between the last covered day on Medicaid and the first covered day on NCHC). Another 43.59% (25,951 children) had had Medicaid coverage at some point during their lives, but it is not known how many of these children had other forms of insurance between their Medicaid and NCHC coverage. Only 17.93% (10,675 children) of the ever-enrolled were never covered by NC Medicaid, and were thus either uninsured, covered by other types of insurance, or were on Medicaid in another state prior to their enrollment in NCHC.

Analysis of survey data for a sample of NCHC enrollees (survey conducted by Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill) provides further information on insurance coverage prior to NCHC enrollment. Among survey children who did not come directly from Medicaid to NCHC, 45% had at least one parent with health insurance coverage through work. However, the extent to which this coverage represents true access to health insurance for the children is unknown, as data were not collected on whether dependent coverage was available and, if it was, whether the cost of adding dependents was reasonable.

Among the respondents to the survey, 197 (14.6%) reported that the most recent insurance their child had had prior to NCHC was insurance obtained through a parent’s work. The majority (71%) of children that had been previously covered through a parent’s work lost that coverage because the parent changed or lost their job. Others (8.1%) lost coverage because the parent’s employer had dropped the health insurance.

Only 25 respondents to the survey (1.9%) reported that the most recent insurance their child had had prior to NCHC was insurance that the parent had bought on his or her own. Twenty-three of the 25 reported that they dropped this coverage because it was too expensive.

(Rebecca T. Slifkin, Ph.D.)

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- 4.1.3 What is the effectiveness of other public and private programs in the State in increasing the availability of affordable quality individual and family health insurance for children? (Section 2108(b)(1)(C)) **N/A**

4.2 Who disenrolled from your CHIP program and why?

Reenrollment began at October 1, 1999 (ffy 2000) and will be dealt with in the ffy2000 report. The disenrollments we have for ffy 1999 are the incidental disenrollments as families move, children age, etc. Those results are shown below.

- 4.2.1 How many children disenrolled from your CHIP program(s)? **See Table 4.1.1** Please discuss disenrollment rates presented in Table 4.1.1. Was disenrollment higher or lower than expected? **We have no data to compare or to make projections.** How do CHIP disenrollment rates compare to traditional Medicaid disenrollment rates?

4.2.2 How many children did not re-enroll at renewal? How many of the children who did not re-enroll got other coverage when they left CHIP? **Reenrollment began at October 1, 1999 (ffy 2000) and will be dealt with in the ffy2000 report. The disenrollments we have for ffy 1999 are the incidental disenrollments as families move, children age, etc. Those results are shown below.**

4.2.3 What were the reasons for discontinuation of coverage under CHIP? (Please specify data source, methodologies, and reporting period.)

Table 4.2.3						
Reason for discontinuation of coverage	Medicaid CHIP Expansion Program		State-designed CHIP Program		Other CHIP Program*	
	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total
Total	N/A		2695	100%	N/A	
Access to commercial insurance			387	14.4%		
Eligible for Medicaid			898	33.3%		
Income too high			40	1.5%		
Aged out of program			305	11.3%		
Moved/died			218	8%		
Nonpayment of premium			16	.5%		
Incomplete documentation			114	.4%		
Did not reply/unable to contact			29	1%		
Other (specify) No longer living with caseload			17	.06%		
Other (specify) No longer living with case load as placed in foster care			27	1%		
Other (specifiy) child became SSI			2	.07%		
Other (specifiy) terminated at caseload's request			151	5.6%		
Other (specify) Resident Public distribution			5	.1%		
Other (specify) change in agency policy; client notified			4	.4%		
Don't know			482	17%		

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

4.2.4 What steps is your State taking to ensure that children who disenroll, but are still eligible, re-enroll? Our reenrollment period did not begin until the beginning of FFY 2000. We expect to be able to provide a full analysis at the time of the FFY 2000 report.

4.3 How much did you spend on your CHIP program?

4.3.1 What were the total expenditures for your CHIP program in federal fiscal year (FFY) 1998 and 1999?

FFY 1998 0

FFY 1999 \$42,325,591

Please complete Table 4.3.1 for each of your CHIP programs and summarize expenditures by category (total computable expenditures and federal share). What proportion was spent on purchasing private health insurance premiums versus purchasing direct services?

In order to facilitate the transmittal of funds between The NC Division of Medical Assistance (DMA) and the State Employees Health Plan, DMA pays a per member per month fee, allowing the State Employees Health Plan to have an operating budget from which to pay claims. NCHC is a fee-for-service entity. Therefore, the following table reflects the claims payment history of the program not actual payments for premiums.

Table 4.3.1 CHIP Program Type _____				
Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Total expenditures	0		0	
Premiums for private health insurance (net of cost-sharing offsets)*	0	• ENROLLMENT FEE Collections \$813,825.11	0	
Fee-for-service expenditures (subtotal)				
Inpatient hospital services		\$5,445,016	0	\$4,037,479.36
Inpatient mental health facility services		\$98,413	0	\$72,973.24
Nursing care services		\$6,318	0	\$4,684.80
Physician and surgical services		\$5,786,018	0	\$4,290,332.35
Outpatient hospital services		\$9,616,161	0	\$7,130,383.38
Outpatient mental health facility services		\$880,180	0	\$652,653.47
Prescribed drugs		\$2,412,349	0	\$1,788,756.78
Dental services		\$2,322,682	0	\$1,722,268.70
Vision services		\$227,328	0	\$168,563.71

Other practitioners' services		Hearing Aid Fitting \$15,666;foot surgery \$23,460; Anesthesia 546,964,;Surgery 2,306,636	0	Hearing Aid Fitting \$11,616.34; Foot surgery \$17,395.59; Anesthesia \$405,573.81; Surgery \$1,710,370.59
Clinic services			0	0
Therapy and rehabilitation services		\$190,122 physical therapy \$63,620 speech therapy	0	\$140,975.46 physical therapy; \$47,174.23 speech therapy
Laboratory and radiological services		\$1,022,985 lab,\$1,577 radiation therapy, radiology \$816,488, pathology \$105,257	0	\$758,543.38 lab; radiation therapy \$1,169.35; radiology \$605,425.85; pathology \$78,048.07
Durable and disposable medical equipment		\$346,592	0	\$256,997.97
Family planning			0	
Abortions		0	0	
Screening services		Hearing \$75,137 Immunizations \$63,956	0	Hearing \$55,714.09; Immunizations \$47,423.37
Home health		\$17,895	0	\$13,269.14
Home and community-based services		\$45,102	0	\$33,443.13
Hospice			0	0
Medical transportation		\$17,080	0	\$12,664.82
Case management			0	
Other services		\$105,087	0	\$77,922.01

4.3.2 What were the total expenditures that applied to the 10 percent limit? Please complete Table 4.3.2 and summarize expenditures by category.

What types of activities were funded under the 10 percent cap? **Outreach, County Administrative Costs, general administrative costs (DHHS, State Employees Health Plan & Blue Cross and Blue Shield of North Carolina)**

What role did the 10 percent cap have in program design? **We limited our outreach efforts to community activity rather than broadcast media and used the existing infrastructure rather than to create any new bureaucratic systems or positions.**

Table 4.3.2						
Type of expenditure	Medicaid Chip Expansion Program		State-designed CHIP Program		Other CHIP Program*	
	FY 1998	FY 1999	FY 1998	FY 1999	FY 1998	FY 1999
Total computable share						
Outreach				\$500,000 (State General Fund) +\$200,000 from Public Health		
Administration				\$4,209,511		
Other_Duke Endowment Grant: Robert Wood Johnson Grant__				\$300,000 Duke \$355,986. RWJ		
Federal share						
Outreach				\$370,750 (SCHIP) + \$100,000 from Medicaid		
Administration				\$3,121,352		
Other Duke Endowment				\$150,000 (Medicaid match)		

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

4.3.3 What were the non-Federal sources of funds spent on your CHIP program (Section 2108(b)(1)(B)(vii))

- ☒ State appropriations

☐ County/local funds

☐ Employer contributions

☒ Foundation grants NCHC received grants from the Robert Wood Johnson Foundation for testing successful outreach strategies (\$355,986.) and from the Duke Endowment for outreach to minority populations (\$150,000).

☐ Private donations (such as United Way, sponsorship)

☒ Other (specify) Enrollment fee

4.4 How are you assuring CHIP enrollees have access to care?

4.4.1 What processes are being used to monitor and evaluate access to care received by CHIP enrollees? Please specify each delivery system used (from question 3.2.3) if approaches vary by the delivery system within each program. For example, if an approach is used in managed care, specify ‘MCO.’ If an approach is used in fee-for-service, specify ‘FFS.’ If an approach is used in a Primary Care Case Management program, specify ‘PCCM.’

Table 4.4.1			
Approaches to monitoring access	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program*
			----- ----- -----
Appointment audits			
PCP/enrollee ratios			
Time/distance standards			
Urgent/routine care access standards			
Network capacity reviews (rural providers, safety net providers, specialty mix)			
Complaint/grievance/disenrollment reviews		DMA monitors informal complaints and grievances and works in conjunction with the State Employees Health Plan as a plan manager to correct/resolve if possible any problems as they arise. DMA is in the process of conducting a survey of those who failed to reenroll in the program during ffy2000 as part of its effort to determine customer satisfaction with the program.	
Case file reviews			
Beneficiary surveys		The Division of Medical Assistance has contracted with the University of North Carolina at Chapel Hill to conduct access to care surveys of a sample of beneficiaries.	

Utilization analysis (emergency room use, preventive care use)		Through Blue Cross/Blue Shield files, DMA is monitoring utilization in a variety of areas including emergency room, preventive care, and visits by certain diagnostic codes to monitor access to special needs services	
Other (specify) Special Needs Children_		<p>The task of monitoring and evaluating access to care for children with special health care needs in the fee-for-service structure of NC Health Choice for Children is challenging. Unlike managed care arrangements, children are not necessarily linked to a medical home. Families can choose their own doctors and may not choose one that is board-certified or who has pediatric experience.</p> <p>Because the core benefit package in NC Health Choice for Children is very rich, most children with special health care needs have their health needs fully met within the core plan and may never need wraparound services. We monitor service utilization of children using a list of approximately 100 selected ICD-9 codes. Preliminary data runs indicate that 11 % of children enrolled in Health Choice have one of the diagnoses on the list and can be considered to have a special health care need, a figure that is in line with most national prevalence estimates. Using this mechanism we have looked at inpatient and outpatient services by income level. In ffy 2000 the assessment plan will be refined to reflect utilization by diagnosis and more detailed prevalence data.</p>	
Other (specify) _____			
Other (specify) _____			

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

**

4.4.2 What kind of managed care utilization data are you collecting for each of your CHIP programs? If your State has no contracts with health plans, skip to section 4.4.3.
North Carolina has no contracts with health plans.

Table 4.4.2			
Type of utilization data	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Requiring submission of raw encounter data by health plans	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Requiring submission of aggregate HEDIS data by health plans	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Other (specify)____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

4.4.3 What information (if any) is currently available on access to care by CHIP enrollees in your State? Please summarize the results. **Currently only BCBS utilization records are available. The Sheps Center survey that is underway is described in 4.4.4**

4.4.4 What plans does your CHIP program have for future monitoring/evaluation of access to care by CHIP enrollees? When will data be available?
A study is underway at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill that will provide information on access to care by NCHC enrollees. Study results will be available in the spring of 2001. The study consists of two waves of surveys. The first wave, which has already been completed, asks parents of children newly enrolled in NCHC questions about their child’s health status, health care experience, and access to care before enrollment in NCHC, in order to establish baseline data. The second wave, which will be conducted in the early summer of 2000 will resurvey the same individuals about their child’s experience since enrollment in the NCHC program. The survey assesses whether or not the enrolled child has a medical home, when the child last had a check up, and emergency room utilization. In addition, questions specifically ask:

- Were there any times you thought your child needed medical care but she couldn’t get it? Why?**
- Were there any times you thought your child needed dental care but she couldn’t get it? Why?**
- Were there any times a medicine was prescribed for your child but you could not get the medicine? Why?**
- Were there any times a health care provider refused to care for your child? Why**
- Were there any times that a health care provider recommended follow-up care for your child that you could not get? Why?**

4.5 How are you measuring the quality of care received by CHIP enrollees?

4.5.1 What processes are you using to monitor and evaluate quality of care received by CHIP enrollees, particularly with respect to well-baby care, well-child care, and immunizations? Please specify the approaches used to monitor quality within each delivery system (from question 3.2.3). For example, if an approach is used in managed care, specify ‘MCO.’ If an approach is used in fee-for-service, specify ‘FFS.’ If an approach is used in primary care case management, specify ‘PCCM.’

Table 4.5.1			
Approaches to monitoring quality	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program
Focused studies (specify)		Statewide study underway on asthma no results yet	
Client satisfaction surveys		Client satisfaction survey underway no results yet	
Complaint/grievance/disenrollment reviews		Disenrollment survey underway on reenrollment eligibles for year 2000	
Sentinel event reviews			
Plan site visits			
Case file reviews			
Independent peer review			
HEDIS performance measurement			
Other performance measurement (specify)			
Other (specify) Special Needs		The first year was spent developing a quality assurance survey for children with special needs that will be implemented during fall 2000. This will compare children in NCHC, Medicaid and the State Employee Health Plan to assess health status and satisfaction with health care. Survey results will be reportable during ffy 2001.	
Other (specify) _____			
Other (specify) _____			

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

- 4.5.2 What information (if any) is currently available on quality of care received by CHIP enrollees in your State? Please summarize the results.

Utilization reports by Blue Cross Blue Shield. We know that our fee for service program utilization is equivalent to the State Employees Plan, a little less than Medicaid.

- 4.5.3 What plans does your CHIP program have for future monitoring/evaluation of quality of care received by CHIP enrollees? When will data be available?

The Consumer Assessment for Health Plans Survey (CAHPS) will be administered to a random sample of Health Choice enrollees representing all areas of the State. The Division of Medical Assistance has contracted with the University of North Carolina-Charlotte to administer the survey and to analyze and report the survey results. The survey will look at patient satisfaction and access to primary and specialty care among Health Choice enrollees as well as compare patient satisfaction with Medicaid Managed Care Programs and Fee for Service Medicaid. Additionally, the survey will test specific questions regarding the identification of Special Needs Children through a cooperative project between UNC-CH, UMASS, and DMA. A random sample of 1200 Health Choice enrollees from across the State has been extracted. From this sample, UNC-CH will obtain 400 completed surveys needed for a valid study and is necessary due to the challenges of obtaining valid phone numbers and mobility of enrollees at the time the sample is drawn. The questions being tested for the identification of Special Needs children will be used for research purposes only and will not affect the integrity of the survey in determining patient satisfaction. Access to care issues are incorporated into the survey questions. The access questions involve the enrollees' perception regarding the ease/difficulty in getting appointments for routine, sick and specialty care. The results should be completed by fall, 2001.

- 4.5.4 Please attach any reports or other documents addressing access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please list attachments here.

Blue Cross Blue Shield utilization reports.

SECTION 5. REFLECTIONS

This section is designed to identify lessons learned by the State during the early implementation of its CHIP program as well as to discuss ways in which the State plans to improve its CHIP program in the future. The State evaluation should conclude with recommendations of how the Title XXI program could be improved.

- 5.1 What worked and what didn't work when designing and implementing your CHIP program? What lessons have you learned? What are your "best practices"? Where possible, describe what evaluation efforts have been completed, are underway, or planned to analyze what worked and what didn't work. Be as specific and detailed as possible. (Answer all that apply. Enter 'NA' for not applicable.)

- 5.1.1 Eligibility Determination/Redetermination and Enrollment

One of the best aspects of our eligibility determination/redetermination and enrollment processes was our simplified two-page application form (in English and Spanish) which could be mailed in and our ability to accept applications at other non-traditional sites, such as health departments. Our seamless application process for Medicaid and Health Choice allowed by this form worked very smoothly. During ffy 1999 we distributed 1.5 million of these forms.

Developed by the National Academy for State Health Policy

We are currently in the process of refining our reenrollment strategies. We are also currently examining our income verification guidelines for the self-employed to see if changes can be made to simplify these requirements.

5.1.2 Outreach

We are constantly working to refine our outreach program. We have found that 69-70% of our children come from below 150% of the federal poverty level. We attribute that to a number of things: 1) with 44% of the births in North Carolina paid for by Medicaid, we have a large number of customers satisfied with publicly supported health insurance. 2) our first year outreach efforts were concentrated on those who had already been through means tested programs – subsidized day care, WIC, Head Start and other programs. 3) 69% of the enrollees heard about the program through county social services offices who aggressively targeted Medicaid graduates. We have been less successful in reaching out to those over 150% of the federal poverty level. We think the reasons for this include our enrollment fee (the leading cause for denial of applications was failure to pay the enrollment fee), the fact that self-employed people are required to present a year's worth of business records, that in our first year we only began outreach to business. We are currently in the process of refocusing our outreach efforts on business and higher income families to see if we can find ways to make the program more attractive to them. We have found that the grassroots approach to outreach has worked well. A personal contact, especially from an individual or an agency with whom the family already has a high trust level produced the best results. Broad-based media approaches were not very productive.

5.1.3 Benefit Structure

The benefit structure of NCHC for Children is one of its most attractive features from the perspective of both the recipient and provider of services. Our reimbursement rates especially in the area of dental care have prompted more dentists to willingly take NCHC for Children members. The fact that the program mirrors both the benefit plan for state employees and teachers and Medicaid, with additional benefits for dental, vision and hearing makes the benefit structure very successful. Plans for the year 2000 include the addition of a preventive mental health benefit for children – the provision of reimbursement for up to six undiagnosed mental health preventive/early intervention visits so that children may access providers without stigma. The providers advisory panel to the program constantly assesses any change in benefits structure needed for the general population while the Special Needs Commission assesses any needed changes for the Special Needs Population and works to address unique needs of individual families.

5.1.4 Cost-Sharing (such as premiums, copayments, compliance with 5% cap)

Failure to pay the enrollment fee is the number one reason for denial of application – approximately 30% of the applications that are denied are denied for this reason. The program requires a \$50 enrollment fee for one child and an \$100 fee for two or more children for families above 150% of the federal poverty level. Some thought is being given to finding alternative ways to allow payment rather than the lump sum at enrollment. Copayments have not been a problem in the program. No member has yet reached the 5% cap.

5.1.5 Delivery System

NC Health Choice for Children is a traditional indemnity program with any willing provider participation. In general, most members seem very happy with this aspect of the program. We have received calls both from providers and members who are unfamiliar with this approach and the fact that we have no panel of providers. Providers either want to know how to sign on to the program or how to find a specialist to whom to refer a child. Members want

to know which doctors or dentists in their community take NCHC patients. We do provide by phone, lists of those who have billed NCHC for service and have explained to providers that if they ever take state employees or teachers they use the same methods for billing. This has been one of the biggest educational processes in this system.

5.1.6 Coordination with Other Programs (especially private insurance and crowd-out)

The NC Health Choice program is working on development of a mechanism to identify children with special needs. The purpose of this identification is three-fold: 1) to identify children who may need additional services not covered under the traditional NC Health Choice service package; 2) to monitor the services received by children with special health needs to ensure that they are receiving appropriate services; and 3) to identify children who may need service coordination and/or emergency respite care. Implementation of the mechanism will be a collaborative effort between the Division of Public Health, the North Carolina Division of Medical Assistance, the NC State Employees Health Plan, and Blue Cross Blue Shield of North Carolina.

Children with special health needs are currently being identified based on an analysis of ICD-9 codes contained in the Health Choice claims system. However, the NC Commission on Children with Special Health Needs is trying to develop a more comprehensive system based both on self-identification by family members and an analysis of functional status.

Most of the services provided to children with special health needs are covered under the core benefits of the NC Health Choice program. However, North Carolina also has a process to enable children with special health needs to obtain additional services not otherwise covered under the plan. Services for children with special health needs that have been rejected by the traditional NC Health Choice program are reviewed by the Medical Director for the Children and Youth Branch of the Women's and Children's Health Section for possible coverage. From October 1, 1998 to January 1, 2000, the Children's and Youth branch has covered \$162,872.58 (as of January 1, 2000) in additional services for children with special health needs. Such services include: augmented wheel chairs, programmable hearing aids, and therapy services (speech, occupational and physical therapy) that exceed traditional coverage limitations.

5.1.7 Evaluation and Monitoring (including data reporting)

North Carolina has worked hard this year to get our data reporting up to date. The impact of Y2K and a number of natural disasters hindered some of our efforts (this will be particularly noticeable in the ffy2000 report when the three hurricanes and subsequent flooding in September, 1999 severely impacted several areas of our program, particularly our computer systems). The fact that NCHC for Children is designed as a bridge between Medicaid and the Division of Information Systems and EDS Federal and the Blue Cross Blue Shield system made this portion of the program particularly challenging. Assuring that data crossed computer systems intact and that competing computer systems conversed required a great deal of administrative time, effort and money. For example, the need to divert resources to Y2K and subsequently to HIPPA reporting requirements have thrown a number of desired reports out of sequence or delayed them for months at a time. Despite these problems, the program is being monitored and needed corrections are being made on a timely manner. In an ideal world now that there has been delinking of Medicaid and welfare, there should be one insurance-based computer system allowing program flexibility and rapid response. We are not there yet.

5.1.8 Other (specify)

- 5.2 What plans does your State have for “improving the availability of health insurance and health care for children”? (Section 2108(b)(1)(F))

Currently the administration is considering an expansion of our S-CHIP plan to 300% of the federal poverty level with a full cost buy-in available over 300 %. Here is a short description of the concept:

1. **Expand NCHC for Children to 300% of poverty using graduated premiums between 200% to 300%. The current benefits package, delivery system, reimbursement rates and enrollment system would remain in place. Allow families above 300% to buy in at full cost.**
2. **Waive the waiting period requirement for children with special health care needs as defined in the children’s health insurance legislation. While the rationale for the waiting period is to deter crowd out, the heaviest burden of the rule falls on families who have made the greatest sacrifice to purchase high-priced, inadequate insurance for their special needs children. These families cannot sustain the risk of leaving their vulnerable children uncovered for even 60 days for fear of incurring a catastrophic medical bill.**
3. **Make Medicaid and NCHC seamless. All publicly sponsored children’s health insurance programs to have one name with one Swipe Card. Reimbursed rates, provider payments and funding sources would be back office electronic information management activities. Patients and families would not need to know which funding source paid their bill. The Swipe Card would carry that information for the providers and payers. Benefits and providers would be the same. All children would have access to a comprehensive publicly sponsored health insurance program, or the private insurance of their choice.**

In addition, on July 1, 2000 NCHC for Children will begin offering a preventive mental health/early intervention benefit that will allow up to six undiagnosed mental health visits annually, effectively a mental health check up. The purpose of this benefit is to permit families, schools and health care providers to have a child examined for potentially dangerous mental health problems without attaching the accompanying stigma of a diagnosis.

- 5.3 What recommendations does your State have for improving the Title XXI program? (Section 2108(b)(1)(G))

The Title XXI program by allowing states to meet the needs of children on a state-by-state basis effectively provides care close to home for working families. The successful future of the program will depend largely on the extent to which flexibility can continue, demands for extraneous paperwork are held to a minimum and restrictive regulations are restrained. Although the concept of the 10% cap for administration is based on a laudable goal, when it comes to start-up costs and the initiation of aggressive outreach, it is unrealistic. Either Congress needs to revisit the 10 % cap or make a provision to assist states in aggressively marketing both the S-CHIP program and, separately, Medicaid for children. A fully federally financed national media campaign to support publicly financed health insurance including product placement within television programming (e.g. E.R. and Chicago Hope) would be a plus. S-CHIP is not Medicaid and rules for it need to be constructed separately. By the same token, because having a population with health insurance is a positive public policy target, serious consideration

needs to be given to affording a publicly sponsored outreach campaign on why it is important to have health insurance for children whatever the family's income level or circumstances. Such a provision would aid recruitment efforts for all public and private health insurance programs. The federal government also needs to allow state-only plans (such as North Carolina) to participate in the Vaccines for Children program.

LIST OF ATTACHMENTS: NC Health Choice for Children Annual Report

1. 3.1.1 Form
2. County-by-county enrollments by month
3. Blue Cross and Blue Shield of North Carolina Utilization Report
4. Immunizations Report –Blue Cross and Blue Shield of NC
5. Benefits Booklet
6. Sample Count Coalition Letter (hardcopy only)
7. Graph statewide program growth
8. County outreach survey (hardcopy only)
9. Survey instruments for Sheps Center Survey (survey specific for boy or girl—sample provided for boy). Behavioral health survey (specific for boy) also provided. Questions on survey are the same with change for child's gender.

Addendum to Table 3.1.1

The following questions and tables are designed to assist states in reporting countable income levels for their Medicaid and SCHIP programs and included in the NASHP SCHIP Evaluation Framework (Table 3.1.1). This technical assistance document is intended to help states present this extremely complex information in a structured format.

The questions below ask for countable income levels for your Title XXI programs (Medicaid SCHIP expansion and State-designed SCHIP program), as well as for the Title XIX child poverty-related groups. Please report your eligibility criteria as of **September 30, 1999**. Also, if the rules are the same for each program, we ask that you enter duplicate information in each column to facilitate analysis across states and across programs.

If you have not completed the Medicaid (Title XIX) portion for the following information and have passed it along to Medicaid, please check here **9** and indicate who you passed it along to.
Name_____, phone/email_____

3.1.1.1 For each program, do you use a gross income test or a net income test or both?

Title XIX Child Poverty-related Groups	____Gross	<u>X</u> Net	____Both
Title XXI Medicaid SCHIP Expansion	____Gross	____Net	____Both
Title XXI State-Designed SCHIP Program	____Gross	<u>X</u> Net	____Both
Other SCHIP program_____	____Gross	____Net	____Both

3.1.1.2 What was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child’s age (or date of birth), then report each threshold for each age group separately.

Title XIX Child Poverty-related Groups	<u>100</u> % of FPL for children under age <u>19</u>
	<u>133</u> % of FPL for children aged <u>1-5</u>
	<u>185</u> % of FPL for children aged <u>under 1</u>
Title XXI Medicaid SCHIP Expansion	<u>200</u> % of FPL for children aged <u>under 19</u>
	____% of FPL for children aged _____
	____% of FPL for children aged _____
Title XXI State-Designed SCHIP Program	____% of FPL for children aged _____
	____% of FPL for children aged _____
	____% of FPL for children aged _____
Other SCHIP program_____	____% of FPL for children aged _____
	____% of FPL for children aged _____
	____% of FPL for children aged _____

3.1.1.3 Complete Table 1.1.1.3 to show whose income you count when determining eligibility for each program and which household members are counted when determining eligibility? (In households with multiple family units, refer to unit with applicant child)

Enter “Y” for yes, “N” for no, or “D” if it depends on the individual circumstances of the case.

Table 3.1.1.3				
Family Composition	Title XIX Child Poverty-related Groups	Title XXI Medicaid SCHIP Expansion	Title XXI State-designed SCHIP Program	Other SCHIP Program* _____ _____
Child, siblings, and legally responsible adults living in the household	X		X	
All relatives living in the household				
All individuals living in the household				
Other (specify)				

3.1.1.4 How do you define countable income? For each type of income please indicate whether it is counted, not counted or not recorded.
Enter “C” for counted, “NC” for not counted and “NR” for not recorded.

Table 3.1.1.4				
Type of Income	Title XIX Child Poverty-related Groups	Title XXI Medicaid SCHIP Expansion	Title XXI State-designed SCHIP Program	Other SCHIP Program *
Earnings	C		C	
Earnings of dependent children	C		C	
Earnings of students	NC		NC	
Earnings from job placement programs	NC		NC	
Earnings from community service programs under Title I of the National and Community Service Act of 1990 (e.g., Serve America)	NC		NC	
Earnings from volunteer programs under the Domestic Volunteer Service Act of 1973 (e.g., AmeriCorps, Vista)	NC		NC	
Education Related Income Income from college work-study programs	NC		NC	

Assistance from programs administered by the DoE	NC		NC	
Education loans and awards	NC		NC	
Other Income Earned income tax credit (EITC)	NC		NC	
Alimony payments received	C		C	
Child support payments received	C		C	
Roomer/boarder income	C		C	
Income from individual development accounts	C		C	
Gifts	C (if regular contribution)		C (if regular contribution)	
In-kind income	C		C	
Program Benefits/Welfare cash benefits (TANF)	NC		NC	
Supplemental Security Income (SSI) cash benefits	NC		NC	
Social Security cash benefits	C		C	
Housing subsidies	NC		NC	
Foster care cash benefits	NC		NC	
Adoption assistance cash benefits	NC		NC	
Veterans benefits	C		C	
Emergency or disaster relief benefits	NC		NC	
Low income energy assistance payments	NC		NC	
Native American tribal benefits	NC		NC	
Other Types of Income (specify)	N/A		N/A	

--	--	--	--	--

*Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”

3.1.1.5 What types and *amounts* of disregards and deductions does each program use to arrive at total countable income?

Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter “NA.”

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) ____ Yes X No

If yes, please report rules for applicants (initial enrollment).

Table 3.1.1.5				
Type of Disregard/Deduction	Title XIX Child Poverty-related Groups	Title XXI Medicaid SCHIP Expansion	Title XXI State-designed SCHIP Program	Other SCHIP Program* _____
Earnings	\$ 90.00	\$	\$ 90.00	\$
Self-employment expenses	\$ Operational Expenses	\$	\$ Operational Expenses	\$
Alimony payments Received	\$ 0	\$	\$ 0	\$
Paid	\$ All court ordered support	\$	\$ All court ordered support	\$
Child support payments Received	\$ 0	\$	\$ 0	\$
Paid	\$ All court ordered support	\$	\$ All court ordered support	\$
Child care expenses	\$ 200 (under 2) 175 (2 & over)	\$	\$ 200 (under 2) 175 (2 & over)	\$
Medical care expenses	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$

Other types of disregards/deductions (specify)	\$ N/A	\$	\$ N/A	\$
---	--------	----	--------	----

*Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

3.1.1.6 For each program, do you use an asset or resource test?

Title XIX Poverty-related Groups (complete column A in 3.1.1.7)	<input checked="" type="checkbox"/> X___No	<input type="checkbox"/> ___Yes
Title XXI SCHIP Expansion program (complete column B in 3.1.1.7)	<input type="checkbox"/> ___No	<input type="checkbox"/> ___Yes (complete column C in 3.1.1.7)
Title XXI State-Designed SCHIP program (complete column C in 3.1.1.7)	<input checked="" type="checkbox"/> X___No	<input type="checkbox"/> ___Yes
Other SCHIP program (complete column D in 3.1.1.7)	<input type="checkbox"/> ___No	<input type="checkbox"/> ___Yes

3.1.1.7 How do you treat assets/resources?

Please indicate the countable or allowable level for the asset/resource test for each program and describe the disregard for vehicles. If not applicable, enter “NA.”

Table 3.1.1.7	Title XIX Child Poverty-related Groups (A)	Title XXI Medicaid SCHIP Expansion (B)	Title XXI State- designed SCHIP Program (C)	Other SCHIP Program* (D)
Treatment of Assets/Resources				
Countable or allowable level of asset/resource test	\$ N/A	\$	\$ N/A	\$
Treatment of vehicles: Are one or more vehicles disregarded? <i>Yes or No</i>	N/A		N/A	
What is the value of the disregard for vehicles?	\$ N/A	\$	\$ N/A	\$
When the value exceeds the limit, is the child ineligible("I") or is the excess applied ("A") to the threshold allowable amount for other assets? <i>(Enter I or A)</i>	N/A		N/A	

*Make a separate column for each "other" program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.1.1.8 Have any of the eligibility rules changed since September 30, 1999? ____ Yes X No

COUNTY		NO. ENROL LED IN OCT. 1998	NO. ENROL LED IN NOV. 1998	NO. ENROL LED IN DEC. 1998	NO. ENROL LED IN JAN. 1999	NO. ENROL LED IN FEB. 1999	NO. ENROL LED IN MAR. 1999	NO. ENROL LED IN APRIL 1999	NO. ENROL LED IN MAY 1999	NO. ENROL LED IN JUNE 1999	NO. ENROL LED IN JULY 1999	NO. ENROL LED IN AUG. 1999	NO. ENROL LED IN SEPT. 1999		
Alamance	834	30	66	77	82	61	57	50	35	55	40	62	-7	608	73%
Alexander	298	39	25	37	27	17	27	10	17	14	27	12	-33	219	73%
Alleghany	113	22	8	13	5	6	4	4	7	15	5	7	-7	89	79%
Anson	426	25	11	9	12	18	11	16	19	12	10	15	6	164	38%
Ashe	339	74	47	33	31	24	29	15	32	18	15	14	-19	313	92%
Avery	192	97	43	20	18	10	16	17	27	13	16	28	-9	296	154%
Beaufort	566	65	48	35	29	38	35	27	22	25	19	38	14	395	70%
Bertie	394	50	41	29	7	17	30	18	17	11	13	8	3	244	62%
Bladen	519	68	51	56	41	46	41	20	33	12	33	19	25	445	86%
Brunswick	955	112	95	87	45	72	56	69	62	45	52	69	3	767	80%
Buncombe	1901	104	118	157	141	169	157	125	98	123	125	136	22	1475	78%
Burke	906	89	59	84	49	44	55	35	51	34	20	23	-26	517	57%
Cabarrus	973	49	67	43	28	39	47	47	50	54	60	58	12	554	57%
Caldwell	822	24	15	38	31	35	42	30	44	43	30	23	31	386	47%
Camden	64	3	4	15	10	17	5	3	9	4	1	5	-2	74	116%
Carteret	610	133	38	54	50	71	57	36	32	25	51	44	28	619	101%
Caswell	179	18	5	4	8	19	11	6	7	12	8	8	-5	101	56%
Catawba	1238	93	63	72	79	84	83	77	72	57	73	64	6	823	66%
Chatham	333	14	39	26	22	13	20	15	22	36	8	14	-17	212	64%
Cherokee	327	60	65	40	29	34	32	20	21	23	27	31	-24	358	109%
Chowan	182	24	24	18	12	7	22	6	15	4	6	11	-1	148	81%

Clay	85	25	24	12	7	4	9	13	1	7	10	2	-3	111	131%
Cleveland	951	51	57	66	61	58	66	47	35	41	43	66	6	597	63%
Columbus	1096	102	91	66	62	79	57	46	47	68	49	50	15	732	67%
Craven	806	59	67	72	48	75	61	61	61	58	48	38	22	670	83%
Cumberland	2730	211	177	182	124	143	126	146	116	89	147	147	-71	1537	56%
Currituck	146	3	21	11	6	4	11	12	15	6	18	16	-13	110	75%
Dare	217	17	29	62	29	25	22	29	19	12	15	11	-36	234	108%
Davidson	1382	50	87	140	87	81	75	58	78	63	61	74	2	856	62%
Davie	249	21	19	24	21	16	18	20	8	16	11	18	6	198	80%
Duplin	597	54	56	69	58	42	73	37	20	44	37	38	4	532	89%
Durham	1367	57	85	111	63	66	92	55	93	95	78	73	-37	831	61%
Edgecombe	998	51	42	58	35	32	44	36	28	44	55	51	25	501	50%
Forsyth	1802	188	134	169	160	145	161	102	102	124	99	102	-52	1434	80%
Franklin	498	85	50	45	37	41	59	48	22	30	23	27	-16	451	91%
Gaston	1292	43	78	113	73	86	75	68	64	58	54	88	-22	778	60%
Gates	118	4	11	30	6	10	19	6	0	21	7	8	-11	111	94%
Graham	112	45	22	23	6	8	12	9	11	3	4	4	-21	126	113%
Granville	405	30	22	20	10	27	38	26	15	29	14	21	23	275	68%
Greene	246	21	27	15	10	16	13	19	5	9	8	21	13	177	72%
Guilford	3030	226	207	218	106	186	173	120	123	134	159	217	-14	1855	61%
Halifax	707	45	48	36	23	41	41	41	27	47	31	21	20	421	60%
Harnett	972	78	57	52	67	55	53	68	52	53	46	63	-13	631	65%
Haywood	597	55	51	64	36	56	49	50	28	26	48	24	-17	470	79%
Henderson	805	98	86	111	48	74	69	64	19	46	59	70	-27	717	89%
Hertford	414	8	23	21	17	19	20	30	19	21	15	18	10	221	53%
Hoke	413	14	28	28	31	27	33	9	22	25	30	38	-4	281	68%
Hyde	69	6	16	7	12	12	10	6	11	2	9	5	-9	87	126%
Iredell	971	41	62	67	57	39	49	22	56	37	32	51	26	539	56%
Jackson	368	46	53	54	29	30	16	24	13	16	11	18	-21	289	79%

Johnston	1007	90	85	119	70	80	106	62	96	77	81	74	41	981	97%
Jones	162	19	12	14	13	14	31	8	9	6	23	6	8	163	101%
Lee	606	63	37	40	36	22	38	18	22	26	27	33	0	362	60%
Lenoir	764	97	47	47	34	57	67	47	33	49	29	29	27	563	74%
Lincoln	434	35	50	36	35	24	35	19	40	45	25	18	-17	345	79%
Macon	365	83	79	93	34	37	42	17	39	33	29	9	-55	440	121%
Madison	199	30	32	30	22	19	15	11	9	10	12	11	5	206	104%
Martin	320	22	14	26	10	29	29	20	17	23	9	5	16	220	69%
McDowell	440	27	25	15	17	27	23	13	17	21	21	30	21	257	58%
Mecklenburg	3981	362	450	495	277	312	348	291	296	295	244	219	-273	3316	83%
Mitchell	142	18	29	16	23	18	25	17	6	15	22	12	-1	200	141%
Montgomery	346	30	42	32	29	19	38	26	26	29	9	13	-6	287	83%
Moore	663	43	30	55	49	51	67	43	35	40	21	39	-2	471	71%
Nash	863	109	79	74	43	40	65	50	42	42	41	31	32	648	75%
New Hanover	1258	139	144	121	103	57	90	80	69	48	67	67	12	997	79%
Northampton	384	43	20	12	15	18	24	26	24	4	13	13	0	212	55%
Onslow	1308	153	128	151	105	143	125	97	104	52	53	61	10	1182	90%
Orange	474	26	83	89	19	31	50	35	45	39	39	18	-21	453	96%
Pamlico	141	25	20	10	9	25	19	9	9	12	4	7	2	151	107%
Pasquotank	464	35	49	51	27	35	35	34	15	12	22	38	11	364	78%
Pender	467	31	78	69	64	35	37	22	34	22	14	31	14	451	97%
Perquimans	155	27	32	31	14	17	19	3	9	10	1	12	-15	160	103%
Person	323	65	29	45	29	25	25	19	23	21	12	20	-21	292	90%
Pitt	1164	70	114	97	67	78	62	59	53	35	35	23	26	719	62%
Polk	137	14	9	20	19	20	12	5	11	11	20	8	1	150	109%
Randolph	1181	54	29	48	21	48	75	45	43	55	51	50	-20	499	42%
Richmond	708	67	52	53	38	33	37	28	41	22	25	40	8	444	63%
Robeson	2123	96	149	157	107	111	147	90	102	101	86	118	53	1317	62%
Rockingham	764	59	36	75	42	41	57	37	49	54	48	9	-3	504	66%

Rowan	1182	127	66	53	57	43	58	52	73	61	50	48	-42	646	55%
Rutherford	568	39	41	41	34	48	38	22	30	27	34	33	24	411	72%
Sampson	783	43	66	83	58	46	57	41	31	46	35	28	21	555	71%
Scotland	622	57	42	32	50	25	34	20	28	22	33	30	-6	367	59%
Stanly	666	45	20	15	35	34	50	17	24	23	37	31	39	370	56%
Stokes	369	51	45	47	32	24	22	24	12	17	12	20	-22	284	77%
Surry	653	56	55	69	50	63	79	71	52	44	43	42	-25	599	92%
Swain	166	44	24	32	16	18	21	20	14	15	18	8	-18	212	128%
Transylvania	302	28	23	26	13	33	20	19	12	14	24	16	-4	224	74%
Tyrrell	63	19	13	28	16	6	8	3	12	9	4	5	-12	111	176%
Union	942	16	34	78	38	43	89	74	52	62	81	73	14	654	69%
Vance	703	43	48	69	32	43	54	35	31	29	35	37	-5	451	64%
Wake	3079	136	218	328	200	209	259	204	195	217	154	174	-94	2200	71%
Warren	241	23	24	28	9	17	28	8	11	15	9	23	7	202	84%
Washington	217	7	15	16	12	10	15	10	8	11	4	6	6	120	55%
Watauga	278	86	19	30	19	28	28	21	20	11	3	12	-25	252	91%
Wayne	1230	111	96	68	63	79	88	80	68	98	59	83	53	946	77%
Wilkes	698	50	44	34	19	20	32	19	24	20	24	22	17	325	47%
Wilson	1114	76	75	80	50	27	55	64	42	37	47	26	7	586	53%
Yadkin	315	24	45	31	23	18	14	10	9	15	15	24	-13	215	68%
Yancey	195	41	24	22	15	14	30	12	18	13	19	10	-15	203	104%
	71343	5981	5682	6224	4297	4652	5203	3975	3886	3874	3683	3864	-455	50866	71%

*Rounded to the nearest percent. Rankings are based on precise percentages.

NC Health Choice Annual Utilization Study October 1998 Through September 1999

Introduction

This document provides data related to members of the North Carolina Health Choice (NCHC) group collected from October 1998 through September 1999. The data have not been adjusted for outstanding claims since there is no historical reference on which to base the completion factors.

Norms are based on all youth (under age 19) from the State of North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan. Norms have not been age and sex adjusted.

"Catastrophic" admissions (admissions incurring more than \$50,000 in allowed charges or with a length of stay in excess of 30 days) have been excluded from utilization rate and charge statistics. However, payment data include catastrophic admissions.

Demographics

The average monthly enrollment for October 1998 through September 1999 was 34,567 members (Table 1). Non-Copay members comprised over two-thirds of this total. The sex distribution of both segments was about half male and half female. More than half of all members were between 6 and 12 years old (Table 2). Most members were white (55 percent) , while 35 percent were black.

Inpatient Utilization and Average Charges

Of the two segments, the Copay group had significantly higher utilization than did the Non-Copay members (Table 3). While the average charge per admission was higher for the Copay segment than the Non-Copay group, the average charge per day was lower.

Inpatient utilization for the total group varied somewhat from the norm. Although the admission rate was slightly higher than the norm, the day rate and average length of stay were below the norm. The average allowed charge per admission was well below the norm, but the average allowed charge per day was slightly above the norm.

The four diagnostic categories with the highest admission rates were (1) respiratory diseases, (2) injury and poisoning, (3) digestive diseases, and (4) endocrine, nutritional, and metabolic diseases and immunity disorders (Table 4). These rates were significantly higher than the norm. The most common respiratory diagnosis was asthma. One member incurred over \$100,000 of payments due to 6 respiratory admissions ranging from asthma, to pneumonia, to respiratory failure. No single diagnosis for injury and poisoning was most prevalent. Appendicitis was the most common diagnosis among digestive diseases. The most common metabolic disorder was disorder of fluid, electrolyte, and acid-base balance.

Although the admission rate for mental health disorders was higher than the norm, the average length of stay and the average allowed charges were below the norm (Table 5).

Outpatient Utilization and Average Charges

Copay members relied more heavily on hospital outpatient, ambulatory surgery, and office setting than did the Non-Copay members (Table 8). Non-Copay members relied more heavily on the emergency room setting. The average allowed charge for hospital outpatient services was higher for Copay members than Non-Copay patients. The reverse was true for the ambulatory surgery setting.

When compared to the norm, the NCHC utilization rate was 14 percent higher for the hospital outpatient setting and 96 percent higher for the emergency room setting, but the average allowed charges for these services were lower than the norms.

In the emergency room setting (Table 9), urgent and non-urgent utilization rates were more than double the corresponding norms.

Among office visit settings, utilization of specialist care was well below the norm especially for the Non-Copay segment (Table 10).

Overall, outpatient utilization of mental health services (Table 12) was slightly higher than the norm. The drug abuse visit rate, which was significantly higher than the norm, reflected services incurred by 31 members.

Payments

Payments per member per month (Table 13) were significantly larger for the Copay segment due primarily to greater inpatient payments (caused by higher inpatient utilization).

When compared to the norm, the NCHC group incurred high institutional outpatient, professional outpatient, and office costs. The outpatient payments were attributable to the high outpatient utilization rates (hospital outpatient and emergency room). The high office payments mainly reflected the lack of a deductible for members of the NCHC group.

Payments for two diagnostic categories (respiratory diseases and diseases of the nervous system) significantly exceeded the norm (Table 15).

There were 9 catastrophic admissions to acute care hospitals (Table 16) as well as 11 outlier mental health admissions (Table 17). Total payments for these admissions were nearly \$900,000.

Table 1 NC Health Choice Demographics - Average Annual Enrollment October 1998 Through September 1999

Age Groups

	Non-Copay	Copay	Total
0	2	26	28
1 - 5	3,262	3,712	6,973
6 - 12	13,335	4,736	18,071
13 - 18	6,962	2,354	9,316
19 +	141	38	179
Total	23,701	10,866	34,567

Gender

	Non-Copay	Copay	Total
Female	11,777	5,283	17,060
Male	11,925	5,583	17,507
Total	23,701	10,866	34,567

Ethnicity

	Non-Copay	Copay	Total
Asian	311	109	420
Black	9,117	2,766	11,883
Hispanic	1,088	558	1,646
Indian	482	216	698

White	12,024	6,848	18,872
Other	678	367	1,045
Unknown	2	2	4
Total	<u>23,701</u>	<u>10,866</u>	<u>34,567</u>

Table 2
NC Health Choice
Demographics - Percentage of Membership
October 1998 Through September 1999

Age Groups

	<u>Non-Copay</u>	<u>Copay</u>	<u>Total</u>
0	0%	0%	0%
1 - 5	14%	34%	20%
6 - 12	56%	44%	52%
13 - 18	29%	22%	27%
19 +	1%	0%	1%

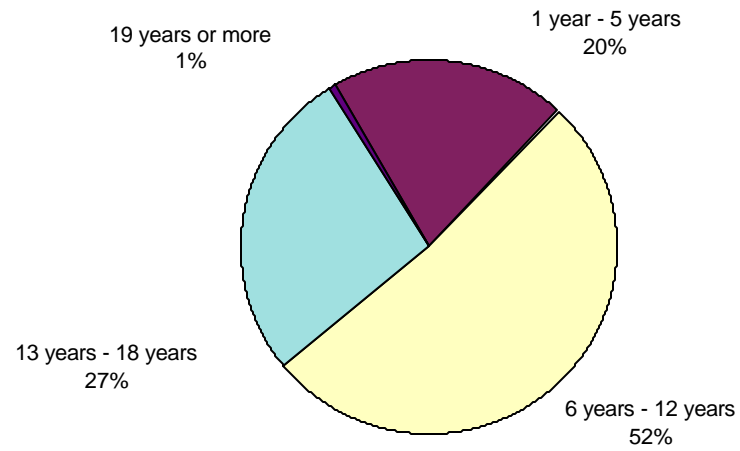
Gender

	<u>Non-Copay</u>	<u>Copay</u>	<u>Total</u>
Female	50%	49%	49%
Male	50%	51%	51%

Ethnicity

	Non-Copay	Copay	Total
Asian	1%	1%	1%
Black	38%	25%	34%
Hispanic	5%	5%	5%
Indian	2%	2%	2%
White	51%	63%	55%
Other	3%	3%	3%

NCHC Membership Distribution, by Age



NCHC Membership Distribution, by Ethnicity

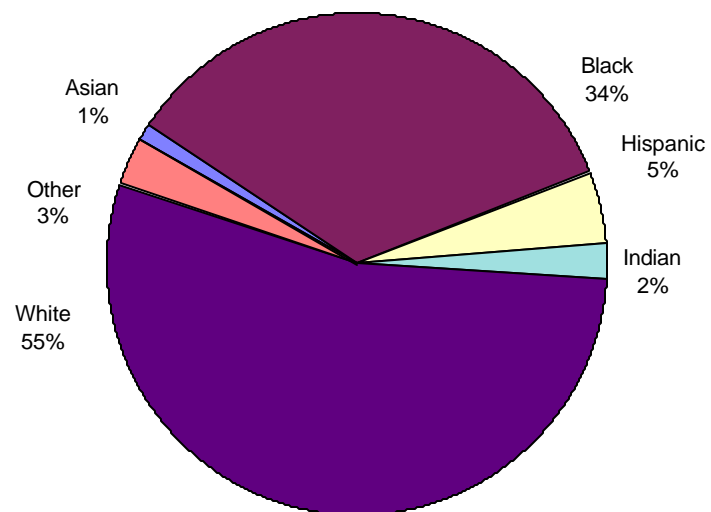


Table 3
NC Health Choice
Inpatient Utilization Statistics, Acute-Care General Hospitals
October 1998 Through September 1999

	<u>Non- Cobpay</u>	<u>Cobpay</u>	<u>Total</u>	<u>Norm</u>
Particip ants	23,701	10,866	34,567	--
Admiss ions	562	412	974	--
Da ys	1,876	1,622	3,498	--
Admissions/1000	23.7	37.9	28.2	27.0
Days/1 000	79.2	149.3	101.2	127.1
Average Length of Stay ¹	3.12	3.56	3.31	3.90
Average Allowed Charge/Adm. ¹	\$5,582	\$6,250	\$5,865	\$7,078
Institutional	\$4,321	\$4,938	\$4,582	\$5,528
Professional	\$1,262	\$1,312	\$1,283	\$1,551
Average Allowed Charge/Day ¹	\$1,748	\$1,670	\$1,712	\$1,662
Institutional	\$1,365	\$1,322	\$1,345	\$1,316
Professional	\$383	\$348	\$367	\$346

¹ Outlier claims (claims with a length of stay greater than 30 days or a total charge greater than \$50,000) have been excluded from these calculations.

Table 4
NC Health Choice
Inpatient Utilization Statistics by Diagnostic Classification
Acute Care Hospitals
October 1998 Through September 1999

	<u>Admissions per 10,000</u>		<u>Percentage of Total</u>	
	<u>Members</u>		<u>Admissions</u>	
	<u>NCHC</u>	<u>Norm</u>	<u>NCHC</u>	<u>Norm</u>
Infectious and Parasitic Diseases	15.3	17.3	5.4%	6.4%
Neoplasms	4.1	9.5	1.4%	3.5%
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	28.9	14.4	10.3%	5.3%
Diseases of Blood and Blood-Forming Organs	7.5	4.0	2.7%	1.5%
Mental Disorders	22.6	18.8	8.0%	6.9%
Diseases of the Nervous System and Sense Organs	6.1	8.0	2.2%	3.0%

Circulatory Diseases	3.8	1.9	1.3%	0.7%
Respiratory Diseases	73.8	52.4	26.2%	19.4%
Digestive Diseases	30.7	25.3	10.9%	9.4%
Genitourinary Diseases	13.9	9.5	4.9%	3.5%
Pregnancies	5.2	23.3	1.8%	8.6%
Skin Diseases	4.6	2.9	1.6%	1.1%
Musculoskeletal Diseases	7.8	7.1	2.8%	2.6%
Congenital Anomalies	7.2	10.1	2.6%	3.7%
Perinatal Conditions	0.0	27.1	0.0%	10.0%
Ill-Defined Conditions	13.6	12.2	4.8%	4.5%
Injury and Poisoning	35.9	26.3	12.7%	9.7%
Other	0.9	0.3	0.3%	0.1%

Table 5
NC Health Choice
Inpatient Utilization Statistics for Mental Disorders
At Acute Care General Hospitals
October 1998 Through September 1999

	<u>Non</u> <u>Copay</u> ₁	<u>Copay</u> ₂	<u>Total</u> ³	<u>Norm</u>
Admissions	43	41	84	--
Days	299	283	582	--
Admissions/10000	18.1	37.7	24.3	21.2
Days/1000	126.2	260.4	168.4	160.9
Average Length of Stay	6.95	6.90	6.93	7.60
Average Allowed Charge/Adm.	\$4,998	\$5,360	\$5,175	\$5,878
Average Allowed Charge/Day	\$719	\$777	\$747	\$774

¹ Excludes 4 outlier cases in which the average length of stay exceeded 50 days or the total charge exceeded \$30,000.

² Excludes 1 outlier case (average length of stay > 30 days of charges > \$30,000).

³ Excludes the 5 Non-Copay and Copay outlier cases (see

Table 17 for a list of outlier cases).

Table 4
NC Health Choice
Inpatient Utilization Statistics for Mental Disorders
At Psychiatric Hospitals
October 1998 Through September 1999

	<u>Non Copoly</u> ¹	<u>Copoly</u>	<u>Total</u> ²	<u>Norm</u>
Admissions	122	36	158	--
Days	1,316	337	1,653	--
Admissions/10000	51.5	33.1	45.7	20.0
Days/1000	555.3	310.1	478.2	159.9
Average Length of Stay	10.79	9.36	10.46	7.98
Average Allowed Charge/Adm.	\$5,511	\$5,151	\$5,429	\$5,220
Average Allowed Charge/Day	\$511	\$550	\$519	\$655

¹ Excludes 6 outlier cases in which the average length of stay exceeded 50 days or the total charge exceeded \$30,000.

² Excludes the 6 Non-Copoly outlier cases (see Table

17 for a list of outlier cases).

Table 6
NC Health Choice
Top 25 Most Frequently Used Hospitals
October 1998 Through September 1999

	<u>Number of Admissions</u>	<u>Average Length of Stay</u>	<u>Average Allowed Charge per Admission</u>
U N C HOSPITALS	72	6.89	\$9,635
PITT CO MEMORIAL HOSP	53	3.66	\$6,391
DUKE UNIVERSITY HOSPITAL	43	5.44	\$12,433
NORTH CAROLINA BAPTIST HOSP	43	4.05	\$6,718
MEMORIAL MISSION HOSP	43	4.58	\$4,744
CAROLINAS MED CTR	37	3.38	\$6,356
OUT OF STATE	35	8.29	\$8,892
WAKE MED	30	2.70	\$4,673
ONSLOW MEM HOSPITAL	26	2.62	\$2,778
MOSES CONE MEMORIAL	23	2.78	\$5,025
NEW HANOVER REG MEDICAL CTR	22	4.00	\$4,808
CAPE FEAR VALLEY MED CTR	22	2.50	\$3,457
RICHMOND MEM HOSP	20	2.20	\$2,552
COLUMBUS CO HOSP	20	2.60	\$2,423
PRESBYTERIAN HOSP	18	3.11	\$4,436
SOUTHEASTERN GEN HOSP	17	2.76	\$2,910
GASTON MEM HOSPITAL	16	4.38	\$3,997

HARRIS REGIONAL HOSPITAL	15	2.73	\$2,891
ALBEMARLE HOSPITAL	14	3.21	\$3,713
BETSY JOHNSON REG HOSP	14	3.21	\$2,812
ALAMANCE REGIONAL	13	3.62	\$3,612
MURPHY MEDICAL CENTER INC	12	2.17	\$2,426
WATAUGA MEDICAL CENTER	12	2.00	\$2,117
FRYE REGIONAL MED CTR	11	6.09	\$4,727
ROANOKE CHOWAN HOSPITAL	11	2.73	\$2,932
ALL OTHERS	332	2.52	\$3,260

Table 7
NC Health Choice
Utilization by County of Residence
October 1998 Through September 1999

	<u>Members</u>	<u>Admissions</u>	<u>Average Length of Stay</u>	<u>Average Charge per Admission</u>
ALAMANCE	440	21	4.38	\$7,743
ALEXANDER	158	3	3.00	\$4,723
ALLEGHANY	67	3	4.33	\$10,310
ANSON	101	3	2.00	\$2,680
ASHE	237	11	2.64	\$5,341
AVERY	225	18	2.33	\$4,180
BEAUFORT	265	7	3.14	\$4,566
BERTIE	175	8	2.88	\$3,453
BLADEN	258	6	6.50	\$10,514
BRUNSWICK	503	10	3.60	\$6,090
BUNCOMBE	907	23	3.13	\$4,883
BURKE	366	12	3.33	\$5,124
CABARRUS	375	6	2.67	\$6,229
CALDWELL	227	7	4.00	\$3,538
CAMDEN	50	5	6.00	\$8,925
CARTERET	381	4	1.75	\$4,055
CASWELL	69	2	1.50	\$1,815
CATAWBA	519	10	3.80	\$6,222
CHATHAM	123	7	3.00	\$5,295
CHEROKEE	277	15	2.00	\$2,855
CHOWAN	110	2	2.50	\$2,533

CLAY	89	0	0.00	\$0
CLEVELAND	401	14	3.86	\$6,489
COLUMBUS	482	31	5.84	\$12,188
CRAVEN	471	13	3.62	\$5,352
CUMBERLAND	1,115	27	4.22	\$7,946
CURRITUCK	81	0	0.00	\$0
DARE	204	6	3.33	\$3,066
DAVIDSON	533	14	3.21	\$6,234
DAVIE	127	5	4.20	\$7,584
DUPLIN	336	6	2.83	\$4,254
DURHAM	602	17	4.88	\$6,628

Table 7
NC Health Choice
Utilization by County of Residence
October 1998 Through September 1999

	<u>Members</u>	<u>Admissions</u>	<u>Average Length of Stay</u>	<u>Average Charge per Admission</u>
EDGECOMBE	287	6	4.50	\$5,952
FORSYTH	1,023	21	3.76	\$6,506
FRANKLIN	280	9	4.11	\$11,163
GASTON	530	19	3.16	\$6,071
GATES	84	2	2.00	\$6,531
GRAHAM	112	4	2.50	\$6,619
GRANVILLE	160	2	12.00	\$21,577
GREENE	85	2	3.00	\$5,303
GUILFORD	1,266	39	3.00	\$6,054
HALIFAX	295	2	2.00	\$2,935
HARNETT	313	15	3.53	\$4,544

HAYWOOD	325	15	4.27	\$6,079
HENDERSON	499	16	4.19	\$7,444
HERTFORD	146	7	3.57	\$3,815
HOKE	129	1	1.00	\$2,446
HYDE	65	2	1.50	\$2,267
IREDELL	301	17	3.59	\$4,107
JACKSON	235	11	3.27	\$10,279
JOHNSTON	513	12	2.58	\$5,813
JONES	114	2	2.50	\$21,345
LEE	273	5	1.80	\$7,611
LENOIR	389	11	1.82	\$5,220
LINCOLN	247	13	2.69	\$4,113
MACON	359	10	3.00	\$3,579
MADISON	153	2	6.00	\$3,334
MARTIN	134	4	2.25	\$2,490
MCDOWELL	153	3	8.00	\$6,416
MECKLENBURG	2,505	51	3.88	\$7,237
MITCHELL	136	2	10.00	\$12,446
MONTGOMERY	189	5	1.80	\$2,680
MOORE	361	9	1.56	\$4,267
NASH	484	15	3.93	\$7,766

Table 7
NC Health Choice
Utilization by County of Residence
October 1998 Through September 1999

<u>Members</u>	<u>Admissions</u>	<u>Average Length of Stay</u>	<u>Average Charge per Admission</u>
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NEW	710	19	4.00	\$5,554
HANOVER				
NORTHAMPTON	154	7	2.43	\$6,341
ONSLOW	804	33	3.06	\$4,294
ORANGE	321	9	4.89	\$5,953
PAMLICO	82	2	3.00	\$4,698
PASQUOTANK	244	7	1.71	\$2,333
PENDER	327	5	1.60	\$3,443
PERQUIMANS	122	1	2.00	\$3,099
PERSON	206	12	9.83	\$13,819
PITT	520	14	3.00	\$7,788
POLK	103	5	3.80	\$11,265
RANDOLPH	325	14	2.93	\$3,381
RICHMOND	299	18	3.83	\$4,274
ROBESON	910	22	2.50	\$4,389
ROCKINGHAM	333	8	2.13	\$3,883
ROWAN	400	10	3.30	\$6,504
RUTHERFORD	253	2	2.50	\$7,222
SAMPSON	341	13	4.62	\$11,882
SCOTLAND	245	14	3.21	\$7,396
STANLY	216	7	2.29	\$3,608
STOKES	189	4	2.25	\$3,764
SURRY	446	12	2.17	\$2,790
SWAIN	178	6	4.50	\$6,312
TRANSYLVANIA	152	5	3.80	\$6,138
TYRRELL	79	1	4.00	\$6,244
UNION	353	11	1.73	\$3,397
VANCE	296	4	3.75	\$11,058
WAKE	1,649	29	5.93	\$7,858
WARREN	115	2	1.50	\$7,994

WASHINGTON	83	8	4.88	\$6,014
WATAUGA	192	2	2.50	\$2,638
WAYNE	578	8	1.25	\$3,841

Table 7
NC Health Choice
Utilization by County of Residence
October 1998 Through September 1999

	<u>Member</u> <u>s</u>	<u>Admissions</u>	<u>Average</u> <u>Length of</u> <u>Stay</u>	<u>Average Charge</u> <u>per Admission</u>
WILKES	212	5	3.20	\$7,083
WILSON	382	2	2.50	\$17,271
YADKIN	162	1	1.00	\$1,800
YANCEY	155	2	3.00	\$4,031

Table 8
NC Health Choice
Institutional Outpatient Utilization and Charge Statistics
October 1998 Through September 1999

	<u>Non- Copay</u>	<u>Copay</u>	<u>Total Group</u>	<u>Norm</u>
Hospital Outpatient Dept.				
Visits	6,164	3,507	9,671	--
Visits/1,000	260.1	322.7	279.8	245.3
Av. Charge per Visit	\$715	\$815	\$751	\$775
Emergency Room				
Visits	8,032	3,355	11,387	--
Visits/1,000	338.9	308.8	329.4	168.0
Av. Charge per Visit	\$386	\$387	\$386	\$455
Ambulatory Surgical Centers				
Visits	158	134	292	--
Visits/1,000	6.7	12.3	8.4	8.2
Av. Charge per Visit	\$2,585	\$2,498	\$2,545	\$2,636
Office Visits				
Visits	73,666	41,892	115,558	--
Visits/1,000	3,108.1	3,855.3	3,343.0	3,547.8
Av. Charge per Visit	\$66	\$66	\$66	\$65

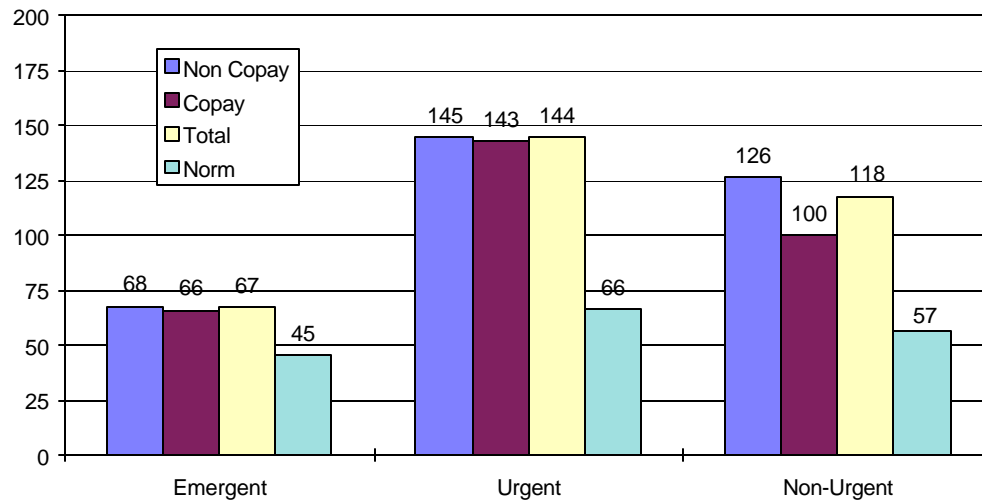
Table 9
NC Health Choice
Emergency Room Utilization Statistics
October 1998 Through September 1999

	<u>Non Copoly</u>	<u>Copay</u>	<u>Total</u>	<u>Norm</u>
Total ER Utilization				
Visits	8,032	3,355	11,387	--
Visits/1,000	338.9	308.8	329.4	168.0
Av. Charge per Visit	\$386	\$387	\$386	\$455
Emergency				
Visits	1,605	717	2,322	--
Visits/1,000	67.7	66.0	67.2	45.4
Av. Charge per Visit	\$591	\$582	\$588	\$655
Urgent				
Visits	3,438	1,553	4,991	--
Visits/1,000	145.1	142.9	144.4	66.0
Av. Charge per Visit	\$342	\$353	\$345	\$408
Non-				

Urgent

Visits	2,989	1,085	4,074	--
Visits/1,000	126.1	99.9	117.9	56.6
Av. Charge per Visit	\$326	\$306	\$320	\$351

Emergency Room Utilization Visits per 1,000 Members



Office Setting Utilization Visits per 1,000 Members

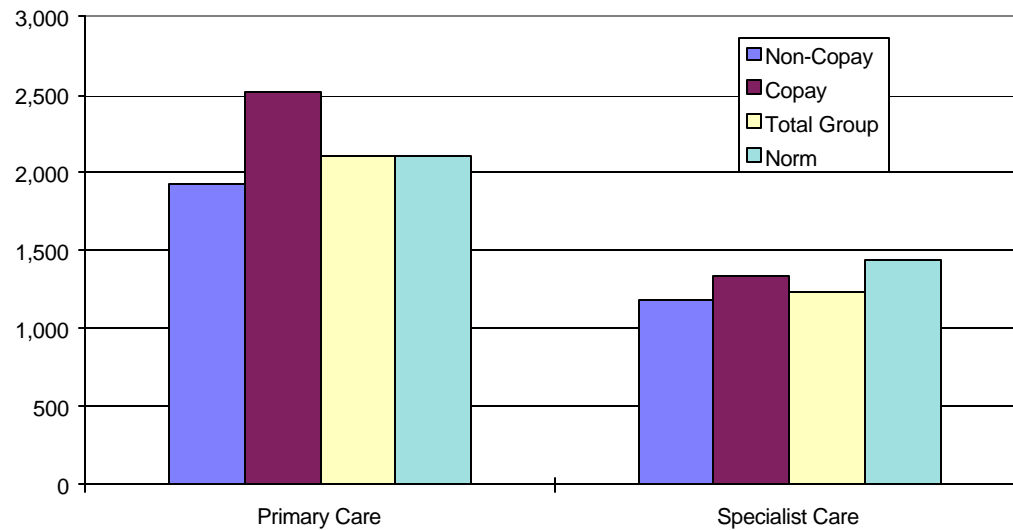


Table 10
NC Health Choice
Office Utilization and Charge Statistics
October 1998 Through September 1999

	<u>Non- Copoly</u>	<u>Copoly</u>	<u>Total Group</u>	<u>Norm</u>
Total				
Visits	73,666	41,892	115,558	--
Visits/1,000	3,108.1	3,855.3	3,343.0	3547.8
Av. Charge per Visit	\$66	\$66	\$66	\$65
Primary Care Utilization				
Visits	45,573	27,378	72,951	--
Visits/1,000	1,922.8	2,519.6	2,110.4	2104.2
Av. Charge per Visit	\$56	\$55	\$56	\$54
Specialist Care Utilization				
Visits	28,093	14,514	42,607	--
Visits/1,000	1,185.3	1,335.7	1,232.6	1443.6
Av. Charge per Visit	\$83	\$85	\$84	\$81

Table 11
NC Health Choice
Frequency and Costs of Select Office Procedures
October 1998 Through September 1999

	<u>Non-Copay</u>	<u>Copay</u>	<u>Total Group</u>
Dental			
Claims	35,813	16,961	52,774
Payments PMPM	\$6.91	\$7.08	\$6.96
Hearing			
Claims	17	10	27
Payments PMPM	\$0.04	\$0.05	\$0.04
Immunization			
Claims	3,087	2,927	6,014
Payments PMPM	\$0.14	\$0.28	\$0.19
Vision			
Claims	5,821	2,058	7,879
Payments PMPM	\$1.29	\$1.00	\$1.20
Well Child			
Claims	5,585	4,031	9,616

Payments PMPM	\$1.03	\$1.57	\$1.20
Special Needs ¹			
Claims	3,110	1,380	4,490
Payments PMPM	\$0.31	\$0.26	\$0.29

¹ Includes institutional as well as professional claims.

Table 12
NC Health Choice
Outpatient Mental Health Utilization Statistics
October 1998 Through September 1999

	<u>Non- Copa y</u>	<u>Copay</u>	<u>Total Group</u>	<u>Norm</u>
Mental Health				
Visits per 1,000 Members	567.9	550.2	562.3	534.3
Av. Visits per Member with at Least One Visit	5.3	5.7	5.4	7.0
Alcohol Abuse				
Visits per 1,000 Members	0.3	0.2	0.3	0.4
Av. Visits per Member with at Least One Visit	1.3	1.0	1.3	3.0
Drug Abuse				
Visits per 1,000 Members	17.2	36.4	23.3	6.8
Av. Visits per Member with at Least One Visit	21.5	26.4	23.6	9.2
Grand Total				

Visits per 1,000 Members	585.4	586.8	585.8	541.5
Av. Visits per Member with at Least One Visit	5.4	6.0	5.6	7.0

Table 13
NC Health Choice
Per Member per Month Payments, by Place of Service
October 1998 Through September 1999

	<u>Non- Copay</u>	<u>Copay</u>	<u>Total</u>	<u>Norm</u>
Institutional				
Acute Care				
Inpatient	\$8.97	\$16.97	\$11.49	\$13.20
Outpatient	\$17.00	\$20.34	\$18.05	\$10.41
Specialty				
Inpatient	\$2.52	\$1.94	\$2.34	\$1.12
Outpatient	\$0.49	\$0.63	\$0.53	\$1.04
Total	<u>\$28.98</u>	<u>\$39.88</u>	<u>\$32.41</u>	<u>\$25.77</u>
Institutional				
Professional				
Inpatient	\$2.89	\$4.77	\$3.48	\$3.41
Outpatient	\$9.14	\$10.87	\$9.69	\$5.32
Office	\$21.41	\$23.81	\$22.16	\$12.03
Drugs	\$8.04	\$6.40	\$7.53	\$4.10
Other	\$1.31	\$1.53	\$1.38	\$2.04
Total	<u>\$42.80</u>	<u>\$47.38</u>	<u>\$44.24</u>	<u>\$26.89</u>
Professional				
Grand Total	\$71.78	\$87.26	\$76.64	\$52.66

Table 14

NC Health Choice
Total Payments by Place of Service
October 1998 Through September 1999

	<u>Non- Copay</u>	<u>Copay</u>	<u>Total</u>
Institutional			
Acute Care			
Inpatient	\$2,552,047	\$2,212,630	\$4,764,677
Outpatient	\$4,834,009	\$2,652,676	\$7,486,685
Specialty			
Inpatient	\$717,212	\$252,516	\$969,728
Outpatient	\$138,536	\$82,776	\$221,312
Total	<u>\$8,241,804</u>	<u>\$5,200,597</u>	<u>\$13,442,401</u>
Institutional			
Professional			
Inpatient	\$823,333	\$621,579	\$1,444,912
Outpatient	\$2,600,018	\$1,417,726	\$4,017,744
Office	\$6,088,458	\$3,104,249	\$9,192,707
Drugs	\$2,288,079	\$835,110	\$3,123,189
Other	\$372,354	\$199,203	\$571,558
Total	<u>\$12,172,243</u>	<u>\$6,177,867</u>	<u>\$18,350,110</u>
Professional			

Grand Total	\$20,414,04 7	\$11,378,46 4	\$31,792,51 1
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Table 15
NC Health Choice
PMPM Payments by Diagnostic Category
October 1998 Through September 1999

	<u>Total</u>	<u>Payments per Member per</u>	
	<u>Payments</u>	<u>Month</u>	
	<u>NCHC</u>	<u>NCHC</u>	<u>Norm</u>
Infectious and Parasitic Diseases	\$887,612	\$2.14	\$1.18
Neoplasms	\$517,538	\$1.25	\$1.85
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	\$640,898	\$1.55	\$1.39
Diseases of Blood and Blood-Forming Organs	\$312,517	\$0.75	\$0.80
Mental Disorders	\$2,753,531	\$6.64	\$4.68
Diseases of the Nervous System and Sense Organs	\$3,792,750	\$9.14	\$3.91
Circulatory Diseases	\$339,768	\$0.82	\$0.60
Respiratory Diseases	\$4,795,347	\$11.56	\$5.94
Digestive Diseases	\$1,728,486	\$4.17	\$2.61
Genitourinary Diseases	\$1,143,032	\$2.76	\$1.29
Pregnancies	\$53,403	\$0.13	\$0.26
Skin Diseases	\$603,737	\$1.46	\$0.72

Musculoskeletal Diseases	\$1,432,988	\$3.45	\$3.25
Congenital Anomalies	\$857,029	\$2.07	\$2.78
Perinatal Conditions	\$27,266	\$0.07	\$3.98
III-Defined Conditions	\$2,607,414	\$6.29	\$3.36
Injury and Poisoning	\$4,897,953	\$11.81	\$7.23
Other	\$1,277,466	\$3.08	\$6.85

Table 16
NC Health Choice
Catastrophic Admissions¹ to Acute Care Hospitals
October 1998 Through September 1999

<u>Diagnosis</u>	<u>APDRG</u>	<u>Age</u>	<u>Sex</u>	<u>Length of Stay</u>	<u>Allowed Charges</u>	<u>Payments</u>	<u>Transplant</u>	<u>Died in Hospital</u>	<u>Hospital</u>
SPINAL CORD INJURY	462	17	F	51	\$174,016	\$172,811	NO	NO	OUT-OF-STATE
BURN OF ABDOMINAL WALL	472	8	F	10	\$102,822	\$102,822	NO	NO	UNC HOSPITALS
PNEUMONIA	462	1	F	40	\$93,036	\$87,514	NO	NO	DUKE UNIVERSITY HOSPITAL
DEPRESSIVE DISORDER	426	13	F	92	\$69,463	\$69,097	NO	NO	OUT-OF-STATE
CONGENITAL ANOMALY	104	11	M	5	\$65,983	\$65,126	NO	NO	DUKE UNIVERSITY HOSPITAL
SCOLIOSIS	807	12	F	17	\$61,473	\$60,973	NO	NO	DUKE UNIVERSITY HOSPITAL
CHEMOTHERAPY	577	16	F	37	\$46,679	\$46,679	NO	NO	UNC HOSPITALS
PNEUMONIA	740	18	F	31	\$42,023	\$41,710	NO	NO	UNC HOSPITALS
LUNG DISEASE	462	18	F	46	\$23,158	\$22,385	NO	NO	UNC HOSPITALS
					<u>\$678,653</u>	<u>\$669,117</u>			

¹ Catastrophic admissions incur allowed costs greater than \$50,000 or lengths of stay greater than 30 days

Table 17
NC Health Choice
Outlier Mental Health Admissions
October 1998 Through September 1999

<u>Type of Hospital</u>	<u>Diagnosis</u>	<u>APDRG</u>	<u>Age</u>	<u>Sex</u>	<u>Length of Stay</u>	<u>Allowed Charges</u>	<u>Payments</u>	<u>Hospital</u>
ACUTE CARE	MANIC-DEPRESSIVE PSYCHOSIS	430	15	F	63	\$29,343	\$25,700	OUT OF STATE
ACUTE CARE	DEPRESSIVE DISORDER	426	13	F	92	\$69,463	\$69,097	OUT OF STATE
ACUTE CARE	PSYCHOSIS	427	12	F	64	\$26,404	\$24,874	OUT OF STATE
ACUTE CARE	DRUG DEPENDENCE	748	15	M	56	\$25,739	\$24,418	OUT OF STATE
ACUTE CARE	NEUROTIC DEPRESSION	426	16	M	55	\$26,386	\$26,386	OUT OF STATE
						<hr/> \$177,335	<hr/> \$170,475	
SPECIALTY	DRUG DEPENDENCE	470	15	M	107	\$13,375	\$12,706	OPEN HOUSE COUNSELING SERV
SPECIALTY	PSYCHOSIS	430	14	F	87	\$33,617	\$30,148	DOROTHEA DIX HOSP
SPECIALTY	PSYCHOSIS	430	15	F	61	\$22,845	\$80	DOROTHEA DIX HOSP
SPECIALTY	DEPRESSIVE DISORDER	431	13	F	61	\$23,119	\$0	DOROTHEA DIX HOSP
SPECIALTY	DEPRESSIVE DISORDER	426	16	M	87	\$44,343	\$1,078	DOROTHEA DIX HOSP
SPECIALTY	ADJUSTMENT REACTION	427	16	M	217	\$47,232	\$0	CHARTER OF WILSON-SALEM
						<hr/> \$184,531	<hr/> \$44,012	

NC Health Choice - Immunizations
Report Period: October 1, 1998 through
September 30, 1999

Health Service Code	Description	Number of Encounters	Amount Paid
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	3	\$15.00
90645	HIB VACCINE, HBOC CONJUGATE	82	\$1,023.74
90646	HIB VACCINE; PRP-D CONJUGATE	5	\$48.56
90647	HIB VACCINE; PRP-OMP CONJUGAT	179	\$2,054.11
90648	HIB VACCINE; PRP-T CONJUGATE	6	\$57.70
90700	DTAP IMMUNIZATION	1109	\$13,161.26
90701	DTP IMMUNIZATION	110	\$1,529.58
90702	DT IMMUNIZATION	107	\$1,523.77
90703	TETANUS IMMUNIZATION	69	\$970.94
90704	MUMPS IMMUNIZATION	1	5.49
90705	MEASLES IMMUNIZATION	1	\$13.71
90707	MMR VIRUS IMMUNIZATION	1044	\$12,718.26
90708	MEASLES-RUBELLA IMMUNIZATION	1	\$6.86
90710	MMRV - COMBINED VACCINE	3	\$41.13
90711	COMBINED VACCINE	5	\$28.71
90712	ORAL POLIOVIRUS IMMUNIZATION	748	\$7,815.22
90713	POLIOMYELITIS IMMUNIZATION	82	\$1,052.40
90716	CHICKEN POX VACCINE	495	\$7,847.38
90720	DTP/HIB VACCINE	17	\$390.42
90721	DPAT AND HIB VACCINE	3	\$88.00
90737	INFLUENZA B IMMUNIZATION	329	\$3,780.54
90744	HEPATITIS B VAC PED/ADOLESCENT	542	\$7,894.86
90745	HEPATITIS B VAC ADOL/HIGH RISK	225	\$3,625.60
90748	HEPATITIS B AND HIB VACCINE	18	\$252.55
	Total	5184	\$65,945.79

Note: NORTH CAROLINA IS A UNIVERSAL VACCINE STATE, AFFORDING VACCINES FOR ALL THE STATE'S CHILDREN. THESE FIGURES REPRESENT ADMINISTRATIVE FEES PHYSICIANS BILL FOR ADMINISTERING THE IMMUNIZATION.

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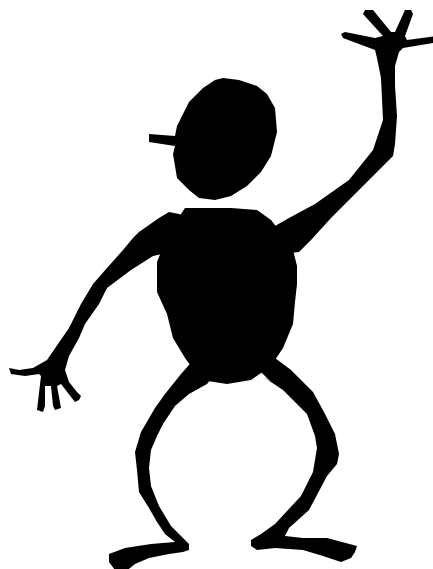
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Welcome to NC Health Choice for Children!

Welcome to **NC Health Choice for Children!** NC Health Choice, the State of North Carolina Children's Health Insurance Program, is a program funded by the federal and state governments. NC Health Choice may be stopped at any time if federal money is no longer available. A child with no health insurance under the age of 19 who lives in the State of North Carolina may be covered depending on how much his or her family makes a year (yearly income). Departments of social services and health departments in each county in the state decide if a child qualifies for coverage under NC Health Choice.

Information about the program is found in the North Carolina General Statutes. If any information in this handbook conflicts with the General Statutes or with the Medical Policy adopted by the North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan's Board of Trustees, the General Statutes will prevail.

**PLEASE READ THIS HANDBOOK
CAREFULLY SO THAT YOU WILL
UNDERSTAND THE BENEFITS.
IF YOU HAVE QUESTIONS,
ASK YOUR CHILD'S DOCTOR,
COUNTY DEPARTMENT OF
SOCIAL SERVICES OR COUNTY
HEALTH DEPARTMENT FOR
HELP. YOU MAY ALSO CALL
STATE CUSTOMER SERVICES
AT
1-800-422-4658.**



Make the most of NC Health Choice

1. Find a doctor that you and your child like. This will help the doctor get to know your child and to better care for him or her.



If you cannot find a doctor, call the
NC Family Health Resource Line at
1-800-367-2229
or
State Customer Services at
1-800-422-4658.
They may be able to help you.

2. It is important to get preventive care for your child! Make sure that your child or teen gets all needed shots (immunizations) on time. You should take your child to the doctor for wellness checkups.
3. Keep all your child's medical information in one place.
4. Learn all you can about your child's health and what kind of doctors, drugs, therapists, equipment or supplies that he or she needs.
5. Read this handbook! It gives a lot of information that will help you get the right medical care for your child. Call **State Customer Services** at **1-800-422-4658** if you have questions.
6. Take this handbook and your child's ID card with you when you buy a drug for your child, or take him or her to the doctor or hospital. This will help you to make the right decisions for your child.



**The information in this handbook does not
cover everything
you need to know.
It gives you basic information.
Important phone numbers and addresses are
listed at
the end of the handbook.**

2 Terms and definitions

Child	A person under the age of 19 who lives in the State of North Carolina as determined by county departments of social services or county health departments.
Coverage	Benefits that are paid by NC Health Choice for covered medical care, mental health, alcohol and drug treatment and prescription drugs.
Copay	Part of the charge that a covered child's family or guardian may have to pay for covered treatment. (Some children do not have a copay.)
Covered Services	Medical, dental, mental health, alcohol and drug treatment that can be covered under NC Health choice.
Limits	When a service may be covered but only a certain amount of money may be paid, or only a certain kind of doctor or medical professional can give the care.
Medical Necessity	Necessary and appropriate treatment as defined by the Executive Administrator and Board of Trustees of the State Health Plan.
Mental Health Case Manager	Office that helps decide what type of mental health, alcohol or drug treatment is right for a child.
NC Dept. of Health and Human Services (NC DHHS)	State agency that runs NC Health Choice, and handles approval for children with special needs .
Noncovered Services	Benefits that are not paid by NC Health Choice for noncovered medical, mental health, alcohol and drug treatment.

2 Terms and definitions, continued

Plan Year	Same as the State of North Carolina's fiscal year (July 1 through June 30).
Preadmission Certification and Length-of-Stay Approval	Process that makes sure that hospital stays and the amount of time in the hospital are right for a child's condition. This includes facilities and programs for medical, mental health, alcohol and drug treatment. <u>(This is different from prior approval or calling State Customer Services for information.)</u>
Prescription Drug	A drug approved by the Food and Drug Administration (FDA) that can only be bought with a doctor's written prescription. (A drug that can be bought without a doctor's written prescription is not covered.)
Prior Approval	Process that makes sure that certain covered medical care and services are medically necessary to treat a child's condition. <u>(This is different from calling State Customer Services for information or getting preadmission certification and length-of-stay approval for a hospital stay.)</u>
Special Needs Child	A child with special needs enrolled in NC Health Choice who has a medical or mental health condition, or a problem with alcohol or drug abuse, that has lasted or is expected to last for six (6) or more months.
State Customer Services	Office that answers questions about NC Health Choice and gives help with processing claims.
Year	The time period that a county department of social services or a county health department says that a child can be covered under NC Health Choice (not to go beyond 12 months).

Coverage at a glance

This is only a summary of your child's benefits. Although care may be listed as being covered, there may be limits. These limits can mean that only part of the service is covered. You may also need to get approval before getting certain types of care.

You are responsible for reading this handbook and knowing your child's coverage. If you have questions, call **State Customer Services** at **1-800-422-4658**.

Coverage	Explanation	See Page(s)
Copay	<p>You may have to pay the first few dollars of a charge:</p> <ul style="list-style-type: none"> \$5 office / outpatient copay; \$6 prescription drug copay; and \$20 ER (emergency room) copay. <p>If your child's ID card has \$0 copay, you do not have to pay.</p>	<p>12 & 27</p> <p>18</p> <p>14</p> <p>28</p>
<p>Doctor Care</p> <ul style="list-style-type: none"> office visits wellness checkups surgery inpatient care 	<p>Covered (May have a \$5 office / outpatient copay).</p> <p>Covered as follows:</p> <ul style="list-style-type: none"> unlimited well-baby visits up to 1 year of age; 3 visits each year between 1 and 2 years of age; 1 visit each year between 2 and 7 years of age; 1 visit every 3 years between 7 and 19 years of age; and routine shots (immunizations). <p>Covered. Some surgeries need prior approval.</p> <p>Covered. Need preadmission certification and length-of-stay approval.</p>	<p>18</p> <p>20</p> <p>17 & 30</p> <p>29</p>

Coverage	Explanation	See Page(s)
Prescription Drugs	Covered. Limited to prescription drugs and no coverage for over-the counter drugs. (May have \$6 drug copay.)	14
Emergency Room	Covered. (May have \$20 emergency room copay.)	28
Ambulance Services	Covered when medically necessary. Need prior approval over 50 miles.	15-16
Hospital Care <ul style="list-style-type: none"> • room and board • other hospital services (intensive care, X-rays, drugs, etc.) 	<p>Covered. Need to get preadmission certification and length-of-stay approval before being admitted.</p> <p>Covered. Semi-private room rate.</p> <p>Covered.</p>	29
Outpatient Surgery	Covered. Some surgeries need prior approval.	17, 27 & 30
X-ray, Lab and Radiation Therapy	Covered.	27 & 29
Therapy Services	Covered for physical, occupational and respiratory therapies. Need prior approval when given in the home. Speech therapy is covered. Need prior approval when given in the home <u>or</u> office.	15 & 18
Durable Medical Equipment	Covered. Must be medically necessary and a covered item. Need prior approval for all rentals. Need prior approval for all purchases over \$250.	15-16 & 32-34

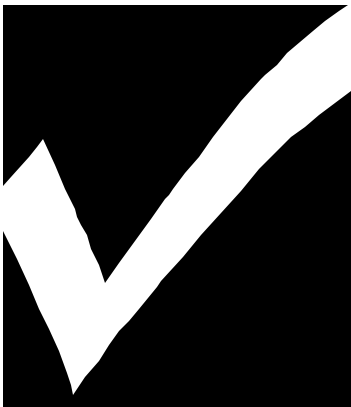
Coverage	Explanation	See Page(s)
Home Nursing Care	Covered. Limited to private duty nursing, skilled nursing visits and services of home care aides under the direct supervision of a registered nurse (RN). Need prior approval.	15-16 & 18
Organ Transplants	Covered. Corneal, bone marrow, kidney, liver, heart, lung, heart-lung and pancreas are covered. Cannot be experimental or investigational. Need prior approval.	17 & 31
Mental Health, Alcohol and Drug Treatment <ul style="list-style-type: none"> outpatient treatment 	Up to 26 visits covered in a Plan Year without getting prior approval. Over 26 visits in a Plan Year covered only if approved in advance by the Mental Health Case Manager. Call Mental Health Case Manager before starting treatment and then again at 18th visit to get approval for more than 26 visits.	35-37
<ul style="list-style-type: none"> inpatient treatment 	Covered. Inpatient and partial hospitalization, residential treatment and intensive outpatient care. Need prior approval from Mental Health Case Manager <u>before</u> being admitted.	35-37
Dental Care		
<ul style="list-style-type: none"> routine exam 	Covered for cleaning and scaling, fillings, sealants, fluoride treatments (once every 6 months), simple tooth pulling (pulling impacted teeth is not covered), removal of part of the nerve (pulpotomy) and stainless-steel crowns.	22-24
<ul style="list-style-type: none"> oral surgery 	Covered. Need prior approval.	15-16 & 23
<ul style="list-style-type: none"> accidental injury 	Covered. Fixes mouth and teeth to the way they were <u>before</u> the accident.	23

Coverage	Explanation	See Page(s)
TMJ (temporomandibular joint dysfunction) Treatment	Covered. Limited to office visits and appliance therapy after an accident. Surgery covered. Need prior approval.	17 & 24
Hearing Care	Covered for exams, hearing aids, repairs, ear molds, loaners and rentals. Need prior approval.	15-16 & 25
Vision Care <ul style="list-style-type: none"> • eye exam • lenses • frames 	Covered. Once every 12 months. Covered. One set of glasses or contacts once every 12 months. Need prior approval. Covered. One set of frames once every 24 months. Need prior approval.	26 26 26
Maximum Coverage	\$2 million lifetime.	39

Confidentiality

NC Health Choice uses a release form to make sure that confidential information is given only to authorized people. Confidential information includes medical treatment, coverage, whether a claim has been filed or paid and other information about your child who is covered under NC Health Choice.

If you want someone to help you with your child's coverage, such as a friend or someone at the department of social services or at the county health department, you must fill out and sign an **Authorization to Release Information** form.



To complete the form:

- give the name of the person who is allowed to help you;
- include the ID number of your child;
- sign the form; and
- have the form notarized.

You may get an **Authorization to Release Information** form by calling **State Customer Services** at 1-800-422-4658.

Enrolling your child in NC Health Choice

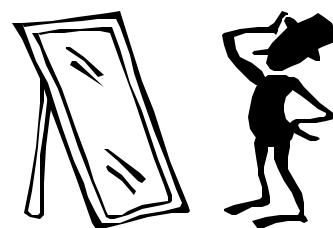
To apply for coverage or if you have questions about enrolling or re-enrolling your child, please contact your county department of social services or county health department. The telephone number should be in your telephone book under "County Government."



You may also contact the
**North Carolina Family
Health Resource Line**
at
1-800-367-2229
to find out more information and to find out
where to apply in your county.

Children with special needs

Many children with special needs may be eligible for additional coverage under NC Health Choice. A child may have a special need if a medical or mental condition or a problem with alcohol or drug abuse is expected to last six (6) or more months.



To find out if your child may be eligible, answer the following questions.

1. Is it harder for your child to breathe, eat, dress, bathe, go to the bathroom, talk or learn than it is for other children his or her age?

YES

NO

2. Have you been told your child has a long-lasting (chronic) health or mental health condition?

YES

NO

3. Have you been told your child has a delay in mental, emotional, physical or social development?

YES

NO

4. Does your child need special services, special equipment or drugs for medical, behavioral or other health conditions?

YES

NO

5. Does your child use or need any mental health, alcohol or drug services?

YES

NO



If you answered **YES** to any one of these questions, please
call the **Special Needs Help Line** at
1-800-737-3028 to learn more.
Ask for a **Special Needs Benefit Handbook**.

Identification (ID) card

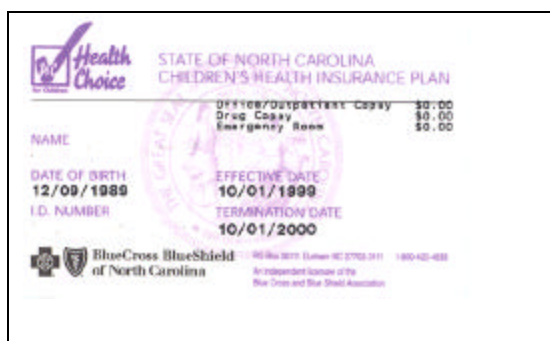
You will get in the mail one (1) ID (identification) card when you enroll your child in NC Health Choice. You should always show the ID card when you take your child to the doctor or hospital for medical care or to the drug store when you buy a prescription drug. If more than one child is covered, please make sure you take the right ID card with you.

If you do not show your child's ID card, the person treating your child may not know that he or she is covered under NC Health Choice. You may then be charged for the full cost of treatment or prescription drug.

If the ID Card is lost
call **State Customer Services at**
1-800-422-4658
to get another one.

The ID card has important information such as your child's:

- **name;**
- **date of birth;** →
- **ID number;**
- **effective date** (date coverage begins); and
- **termination date** (date coverage ends).



Identification (ID) cards, continued



The ID card may show that you have a **\$5 office / outpatient copay, \$6 prescription drug copay, and \$20 emergency room copay.** This means that you have to pay the first few dollars of a charge when you take your child to

- the doctor's office;
- to the hospital for outpatient care;
- to the emergency room; or
- to the drugstore.

If your child's ID shows \$0 copayments, you do not have to help pay for the covered medical care or prescription drugs.

The back of the ID card has important phone numbers to call **before** your child is admitted to the **hospital for medical care** or receives **mental health, alcohol or drug treatment.** →

Mental Health and Chemical Dependency Service:

Must be precertified by calling 1-800-753-3224, 24 hours a day, 7 days a week. Prior to selecting a mental health provider please call the number listed above.

Hospital Admissions:

Other than for mental health or chemical dependency must be precertified by calling 1-800-672-7897, Monday-Friday, 8am to 5pm, (after hours leave message).

For further information refer to your Health Benefits Booklet or call Customer Services at 1-800-422-4658.

When you buy a prescription drug

NC Health Choice covers prescription drugs and insulin that you buy for your child from a drug store or mail order drug company. A prescription drug is covered only if it can be bought with a doctor's written prescription. If a drug can be bought without a written prescription from a doctor (such as children's aspirin or cough syrup), it is an over-the-counter drug and is not covered.

When you buy a prescription drug for your child, please have your child's ID card with you. If the ID card states that there is a **\$6 drug copay**, you should pay that to the druggist.



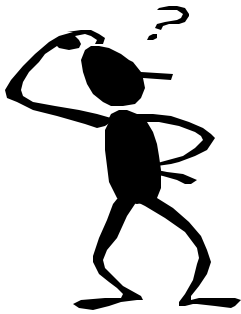
If the ID card says there is **\$0 drug copay**, then you pay nothing.

If you do not show your child's ID card, the druggist may not know that your child is covered under NC Health Choice. You may then be charged for the full cost of the prescription drug.

NOTE: If your child is given drugs while a patient in the hospital, you do not have to pay the \$6 drug copays. The cost of the drugs is part of the hospital bill.

**Getting prior approval before
starting services or getting
equipment**

NC Health Choice covers certain services and medical equipment for your child if you or your child's doctor first get prior approval. **If you do not get approval when required, you may have to pay the entire cost.**



If you have questions about anything needing prior approval, take this handbook to the child's doctor and ask him or her to help you.

You may also call
State Medical Review at
1-800-422-1582
for help.

Medical records and a letter from the doctor stating why your child needs a service, procedure or medical equipment listed on the next page, should be sent to the following address:

NC Health Choice - Medical Review
P O Box 30111
Durham, NC 27702-3111

FAX # 919-765-4890
Phone 1-800-422-1582

If your child needs any of the following services or equipment in an emergency on weekends, at night or during holidays, call the next work day.

Getting prior approval before starting services or getting equipment, continued

Services and Equipment

You or your doctor must ask for approval **before** your child gets the following services or equipment:

- **private duty nursing**;
- **skilled nursing visits**;
- **home care aides** (must be directly supervised by a registered nurse (RN) and employed by a licensed home care agency);
- **skilled nursing facility care** (short-term skilled care to medically stabilize your child);
- **speech therapy** (unless given while in the hospital);
- **hospice care**;
- **IV** (intravenous) **therapy**;
- **physical and occupational therapies**;
- **hearing aids, repairs, ear molds, loaners and rentals**;
- **renting or buying durable medical equipment** if it costs over \$250 (must be medically necessary and normally used in a hospital);
- **eyeglasses or contact lenses**;
- **oral surgery**; and
- **licensed ambulance** over 50 miles (land or air).

Getting prior approval before surgery

NC Health Choice covers many surgeries for your child. The surgeries listed below need prior approval.



If you have questions about anything needing prior approval, take this handbook to your child's doctor and ask him or her to help you. You may also call
State Medical Review at
1-800-422-1582
 for help.

You must also ask for approval before your child has the following surgeries.

Description	Surgery
Plastic surgery to the stomach (abdomen).	Abdominoplasty.
Removing skin over the eye to help a person see better.	Blepharoplasty.
Inserting a hearing device to help with hearing.	Cochlear implant.
Removing large breasts in males.	Excision of gynecomastia.
Corrective surgery to fallopian tubes.	Fimbrioplasty.
Stomach or intestinal surgery for morbid obesity to help reduce weight.	Gastric surgery.
Removing scar tissue.	Keloid excision.
Surgery to the nose to help a person breathe.	Nasal surgery.
Mouth surgery to treat an injury or to correct a condition of the jaw with which a person is born.	Oral surgery (orthognathic surgery).
Reducing the size of breasts in females.	Reduction mammoplasty.
Injecting filling material into the skin.	Subcutaneous injection.
Removing fat deposits by suctioning when medically necessary.	Suction lipectomy.
Correction of TMJ injury after an accident.	TMJ (temporomandibular

	joint dysfunction) appliance therapy or surgery.
Taking the organ or tissue of one person and surgically implanting it into another. Must be a covered transplant.	Transplant.
Repairing fallopian tubes.	Tubotubal anastomosis.

Going to the doctor

When you take your child to the doctor either in an office, urgent care center or in a hospital outpatient clinic, please take your child's ID card with you. If the ID card says that there is a **\$5 office / outpatient copay**, you should pay that at the time of the visit.



If the ID card says there is **\$0 office / outpatient copay**, then you pay nothing.

You may take your child to any medical professional (see below) in the State of North Carolina who is licensed. The type of care and treatment that these professionals give must also be covered under NC Health Choice in order for the care to be paid. If your child gets treatment that is not covered by NC Health Choice, you must pay the entire bill.

This is a list of medical professionals whose care or treatment is **covered** by NC Health Choice. If you have questions or are not sure about your child's doctor, nurse or therapist, please call **State Customer Services** at **1-800-422-4658**.

- Doctor of **medicine** (MD).
- Doctor of **osteopathy** (DO).
- Doctor of **podiatry** (DPM).
- Doctor of **chiropractic** (DC).
- Doctor of **dental surgery** (DDS or DMD).
- Licensed **physician assistant** (PA) (as of January 1, 2000).
- Licensed **physical, speech, respiratory and occupational** therapists.
- **Nurse** (advanced practice registered nurses, registered nurses and licensed practical nurses).
- **Home care aide** (under the direct supervision of a registered nurse and employed by a licensed home care agency).

18 Going to the doctor, continued



- Person not licensed to practice in North Carolina (or any other state).
- Doctor of holistic / naturopathic medicine.
- Homeopath.
- Acupuncturist (unless also performed by a Doctor of Medicine (MD) or Doctor of Osteopathy (DO)).
- Doctor of Oriental Medicine.
- Massage therapist.

This is a list of medical professionals whose care or treatment **is not covered** by NC Health Choice. If you have questions or are not sure about your child's doctor, nurse or therapist, please call **State**

**Customer
Services at
1-800-422-4658.**



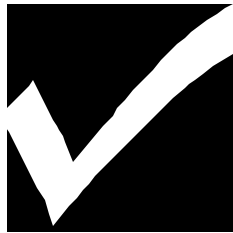
Your child can also get medical care if a licensed MD (medical doctor) or DO (doctor of osteopathy) either oversees or provides the care at any of the following:

- county health departments;
- rural community health centers;
- migrant health centers; and
- Indian health centers.

Covered mental health, drug and alcohol treatment professionals are located on page 37.

Going to the doctor for wellness checkups

NC Health Choice covers routine wellness checkups and screening tests to find out the health of your child. Routine wellness checkups can include such things as an exam by the doctor, blood tests, urine tests and TB (tuberculosis) tests. These wellness checkups are done when your child is either healthy or not showing any symptoms or problems.



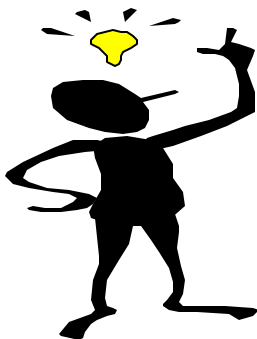
You do not have to pay the first \$5 of the office visit charge for these **routine wellness checkups**.

NC Health Choice does not cover routine checkups, tests or reports that are needed for such things as school, camp, legal, employment, insurance, sports or travel.

Routine Baby and Child Health Care

NC Health Choice pays for:

- unlimited well-baby visits up to 1 year of age;
- 3 visits each year between 1 and 2 years of age;
- 1 visit each year between 2 and 7 years of age;
- 1 visit every 3 years between 7 and 19 years of age; and
- routine shots (immunizations) to prevent such diseases as measles or mumps.



A visit to the doctor when your child is sick is different from taking your child to the doctor for a wellness checkup.

There is no limit on the number of visits to the doctor when your child is sick.

Maternity care

NC Health Choice does not cover maternity care. If a child covered under NC Health Choice needs maternity-related care, please contact your county department of social services or county health department to see if care can be covered under Medicaid.

Going to the dentist

NC Health Choice covers two (2) routine dental checkups during the 12-month period that your child is enrolled. You should schedule these visits once every six (6) months to make sure that your child's teeth stay healthy.

As part of these routine dental checkups, NC Health Choice covers the following:

- exams;
- cleanings and scalings;
- fillings;
- sealants (1st and 2nd molars only);
- simple tooth pulling;
- fluoride treatments (two every 12 months);
- removing part of the nerve in a tooth (pulpotomy); and
- stainless-steel crowns.

NC Health Choice also covers the following x-rays:

- entire mouth once every 60 months and
- back teeth once every 12 months.

NC Health Choice does not cover the following:

- pulling impacted teeth;
- braces;
- retainers or other dental appliances;
- dental implants;
- root canals;
- treatment of gum disease; or
- rebuilding gums before getting an appliance.



You do not have to pay the first \$5 of the office visit charge for these **routine dental checkups**.

Going to the dentist, continued

Accident-Related Dental Care

NC Health Choice covers some dental care following an accidental injury that damages your child's teeth or mouth (such as an injury from a fall). Your child must be covered under NC Health Choice when the accident happens. The care is covered only to repair your child's mouth as it was before the accident. Dental care following an accident must be given within 18 months following the accident and before your child's coverage ends.

The following is some dental treatment after an accident that is not covered:

- replacement of a dental appliance that can be fixed when broken in an accident;
or
- improvements to the teeth.

Oral Surgery

NC Health Choice covers some types of oral surgery for your child. You must get prior approval before your child has oral surgery. (See page 17.)

The following types of oral surgery are covered:

- removal of tumors and lesions in the mouth;
- correction of jaw and bone problems that the child is born with (congenital) or as the child grows (developmental) (surgery to correct how the teeth line up is not covered); and
- pulling teeth because they are damaged as the direct result of medical treatment (such as chemotherapy).



If you have questions about any dental treatment for your child, take this handbook to the dentist and ask him or her to help you. You may also call
**State Customer Services at
1-800-422-4658.**

Going to the dentist, continued

Temporomandibular Joint Dysfunction (TMJ)

TMJ (temporomandibular joint) dysfunction is the medical term used to describe problems with a person's jaw (clicking and pain when a person opens or closes his or her mouth.) You must take your child to a doctor or dentist to find out if he or she has TMJ dysfunction.

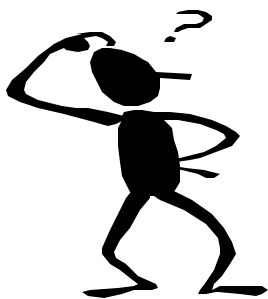
When you take your child to the doctor, please take your child's ID card with you. If the ID card says that there is a **\$5 office / outpatient copay**, you should pay that at the time of the visit.



If the ID card says there is **\$0 office / outpatient copay**, then you pay nothing.

NC Health Choice covers the following treatment for TMJ dysfunction:

- office visits and tests to find out if your child has TMJ dysfunction;
- appliance therapy only when your child has an injury while covered under NC Health Choice and therapy begins within 18 months after the accident, and is finished before your child's coverage ends;
- physical therapy from a licensed physical therapist; and
- surgery to correct the injury. (Must get **prior approval** - see page 17.)



If you have questions about treatment
for TMJ dysfunction, take this handbook
to your child's doctor and ask him or her
to help you.

You may also call
State Customer Services
1-800-422-4658
for help.

Going to the doctor for a hearing exam

NC Health Choice covers routine hearing exams to find out if your child has a hearing loss. Your child must see a licensed audiologist or an ear, nose and throat (ENT) doctor. **If your child needs a hearing aid, you must get prior approval before buying it and you must buy the hearing aid from a licensed hearing aid specialist.** (See pages 15 and 16.)

When you take your child to the doctor for a hearing exam, please take your child's ID card with you. If the ID card says that there is a **\$5 office / outpatient visit copay**, you should pay that at the time of the visit.



If the ID card says there is **\$0 office / outpatient copay**, then you pay nothing.

NC Health Choice covers the following items and you must get approval before buying them:

- hearing aids;
- repairs;
- ear molds;
- loaners; and
- rentals.

NOTE: Hearing aids must be fully approved by the FDA (Food and Drug Administration).



If you have questions about getting a hearing aid for your child, take this handbook to your child's doctor and ask him or her to help you.

You may also call
**State Customer Services at
1-800-422-4658.**

Going to the doctor for an eye exam

NC Health Choice covers routine eye exams to find out if your child's vision requires correction. Your child must go to an eye doctor who is a licensed ophthalmologist or optometrist. If your child needs glasses, contact lenses, contact lens solution or supplies, you must also buy them from a certified optical dispensing lab.

When you take your child to the eye doctor, please take your child's ID card with you. If the ID card says that there is a **\$5 office / outpatient copay**, you should pay that at the time of the visit.

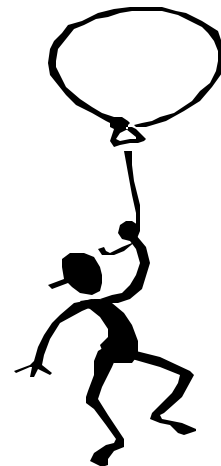


If the ID card says there is **\$0 office / outpatient copay**, then you pay nothing.

NC Health Choice covers one (1) eye exam every 12 months. The following services are also covered, but you must get prior approval for them. (See pages 15 and 16.)

- 1 set of lenses (either glasses or contacts) once every 12 months; and
- 1 set of frames once every 24 months.

If the lenses or frames are broken, the doctor must state that the frames and / or lenses cannot be fixed before approval is given for another pair.



NC Health Choice **does not cover** the following:

- radial keratotomy or other procedures to correct vision in place of glasses or contacts;
- sunglasses;
- orthoptics or visual training; and

- cost of oversized lenses, frames, tinted glasses or contacts, blended lenses, multifocal lenses, coated lenses and laminated lenses.

Going to the hospital, but not being admitted (outpatient)

NC Health Choice pays charges for such things as a doctor's visit, lab work, X-rays, therapy and surgery when your child goes to the hospital without being admitted (outpatient). NC Health Choice also pays charges for surgery that your child may have in an ambulatory surgical facility.

When you take your child to the hospital as an outpatient (not being admitted to stay overnight) or ambulatory surgical facility, please take your child's ID card with you. If the ID card says that there is a **\$5 office visit / outpatient copay** (and if the doctor charges for an office visit), you should pay that at the time of the visit. If the ID card says that there is a **\$6 drug copay**, you should pay that to the druggist if you buy a prescription drug for your child.



If the ID card says there is **\$0 office / outpatient copay**, then you pay nothing.

Going to the ER (emergency room)

NC Health Choice covers your child's visit to the ER (emergency room) when there is a true medical emergency.

Please take your child's ID card with you. If the ID card says that there is a **\$20 emergency room copay**, you should pay that at the time of the visit. If your child is admitted to the hospital or if there is a true medical emergency, you may not have to pay the \$20 emergency room copay.



If the ID card says there is **\$0 emergency room copay**, then you pay nothing.

USING THE ER

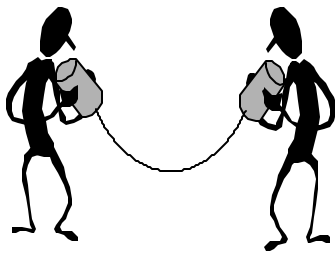
1. Use the ER for life-threatening problems like choking or bleeding that will not stop or emergencies like broken bones
2. Call your child's doctor if you are not sure if your child needs to go to the ER.
3. If your child has an earache, cold or headache, take your child to the doctor.
4. If you go to the emergency room for a minor problem, you may have to pay the \$20 emergency room copay.



Going to the hospital

NC Health Choice covers many services for your child's stay in the hospital, such as testing before your child is admitted to the hospital (if done within 14 days before the hospital admission date), room and board, supplies and hospital staff. NC Health Choice does not cover such things as TV or beauty shop fees.

Drugs are also covered, but you do not have to pay a **\$6 drug copay**; it is part of the hospital bill.



Before your child is admitted to the hospital for inpatient care, you must make sure that NC Health Choice gives you **preadmission certification and length-of-stay approval**. This is done to make sure that a hospital is the best place for your child to get treatment.

To get this, your child's doctor or hospital should call 1-800-672-7897 before going in the hospital.

If your child is admitted to the hospital in an emergency during the weekend, holiday or after regular business hours, the doctor or hospital has 48 hours or until the next work day to get **preadmission certification and length-of-stay approval**.

Hospital admissions for mental health, alcohol and drug treatment also require **preadmission certification and length-of-stay approval**. (See pages 35 and 36.)

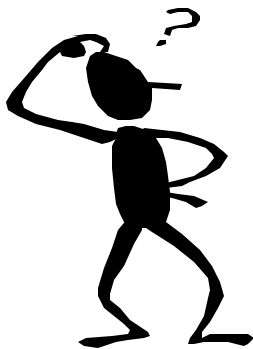
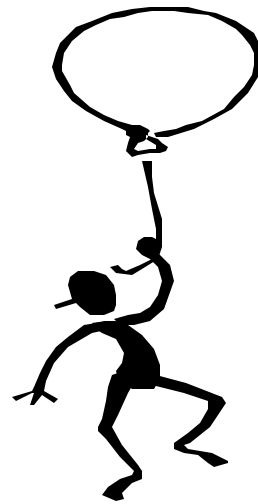
If your child needs surgery

NC Health Choice covers most kinds of surgery that your child may need. This includes:

- doctor's charges;
- second and third surgical opinions;
- visits before and after the surgery;
- assistant surgeons (when necessary); and
- anesthesia.

If your child needs surgery, please keep in mind the following:

- some surgeries may require that you or your child's doctor **get prior approval** (see page 17);
- if your child is admitted to the hospital, you or your child's doctor will need to **get preadmission certification and length-of-stay approval** (see page 29); and
- the surgery cannot be experimental or investigational.



If you have questions about any surgery, take this handbook to your child's doctor and ask him or her to help you.

**You may also call
State Customer Services at
1-800-422-4658
for help.**

Care with limits

NC Health Choice covers the following care with some limits for your child. This is only a **partial** list.

- **Acupuncture** - Must be provided by an MD (medical doctor) or a DO (doctor of osteopathy).
- **Aphakic lenses** - One pair of lenses (either contacts or glasses) every 12 months for those with cataracts.
- **Cardiac rehabilitation programs** - Limited to \$650 each year. Program must be certified by the Department of Health and Human Services.
- **Chiropractic care** - Limited to \$2000 each year for covered services which are limited to alignment of the spine, release of pressure by manipulation and X-rays of the spine.
- **Diabetic self-care programs** - Limited to \$300 each year. Must meet the standards of the National Diabetes Advisory Board.
- **Transplant** - Requires prior approval for the following covered transplants: corneal, bone marrow, kidney, liver, heart, lung, heart-lung and pancreas. NC Health Choice will not cover transplants that are experimental or investigational.



If you have questions about care with limits, take this handbook to your child's doctor and ask him or her to help you.

**You may also call
State Customer Services at
1-800-422-1582 for help.**

Care that is not covered

NC Health Choice does not cover the following services, equipment or supplies for your child. This is only a **partial** list.

If your child gets any of the following services, equipment or supplies, you must pay for the entire cost. **If you have a special needs child, some services, equipment or supplies may be covered. (See page 11.)**

IF A SERVICE, EQUIPMENT OR SUPPLY IS NOT LISTED ON PAGES 32 THROUGH 34, DO NOT ASSUME THAT IT IS COVERED.



If you have questions about anything that is not covered, take this handbook to your child's doctor and ask him or her to help you. You may also call **State Customer Services** at **1-800-422-4658** for help.

Noncovered Services

(This is a partial list.)

- Taxi, bus, gasoline or other personal transportation costs.
- Any services received prior to the effective date of your child's coverage and after your child's coverage ends.
- Treatment of disease / injury as the result of military service or a declared or undeclared war.
- Care related to conditions or treatment not covered by NC Health Choice.
- Experimental / investigational procedures and any direct or indirect complications.
- Surgical / medical procedures specifically listed by the American Medical Association or the North Carolina Medical Society as having questionable or no medical value.
- Drugs that can be purchased without a doctor's written prescription (over-the-counter drugs).
- Drugs not given unrestricted market approval by the FDA (Food and Drug

Administration).

- Services provided in a facility not appropriately licensed or accredited.

Care that is not covered, continued

Noncovered Services (continued)

(This is a partial list.)

- Care provided by an ineligible provider.
- Dental implants and pulling impacted teeth.
- Telephone consultations.
- Tilt table exams.
- Charges for services related to on-the-job injuries.
- Care provided by more than one doctor for the same condition on the same day.
- Assistant surgeon when there is no medical necessity or if there are hospital-employed surgeons or doctors in training available but not used.
- Cosmetic services / surgery and complications from previous cosmetic surgery.
- Weight loss programs, diet counseling and health club memberships.
- Radial keratotomy or other procedures to correct vision in place of corrective lenses.
- Orthoptics or visual training exercises.
- Maternity care.
- Sterilization of reversal of sterilization.
- Sex change surgery and related services and complications.
- Personal services (telephone, TV, laundry, hairdresser, etc.).
- Administrative costs including writing and getting together reports.
- Complications from noncovered services.

Noncovered Equipment and Supplies

(This is a partial list.)

- Toys (regardless of the reason).
- Swimming pools and whirlpools.
- Exercise or sports equipment (regardless of the reason).
- Vacuum cleaners.
- Blood pressure cuffs and kits.
- Commercial or non-commercial beds.

- Bed lifts.

Care that is not covered, continued

Noncovered Equipment and Supplies (continued)

(This is a partial list.)

- Reclining chairs.
- Van lifts, ramps and changes to the house for a wheelchair.
- Light boxes (covered only for the treatment of psoriasis).
- Breast pumps.
- Heat lamps.
- Wigs.
- Medical alert equipment / services.
- Restraints / safety equipment.
- Nutritional supplements, food and baby formula (medicated or otherwise).
- Non-therapeutic disposable items (diapers, sheets, gowns, gloves, pillows, shoe covers, etc.).
- Lumbar pillows.
- Shoe inserts.

If you have a child with special needs, some services, equipment or supplies may be covered. (See page 11.)

IF A SERVICE, EQUIPMENT OR SUPPLY IS NOT LISTED ON PAGES 32 THROUGH 34, DO NOT ASSUME THAT IT IS COVERED.



If you have questions about anything that is not covered, take this handbook to your child's doctor and ask him or her to help you.

You may also call

State Customer Services at

1-800-422-4658

for help.

Going to the doctor for mental health, alcohol or drug treatment

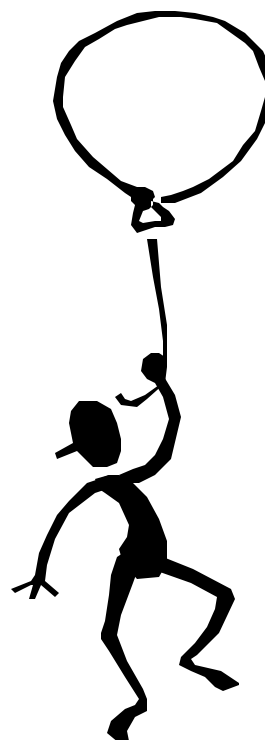


If you have questions about **mental health, alcohol or drug** treatment, call the **Mental Health Case Manager at 1-800-753-3224 for help.**

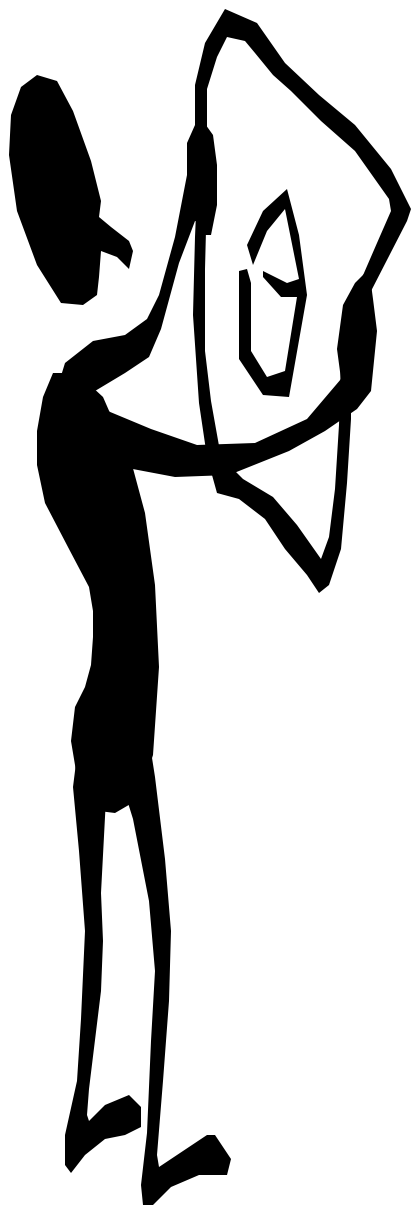
You may also take this handbook to your child's doctor or counselor and ask him or her for help.

Outpatient Visits - If your child needs outpatient visits for mental health, alcohol or drug treatment, follow the steps below.

1. Call the **Mental Health Case Manager** at **1-800-753-3224** before getting treatment.
2. If your child is already getting treatment when he or she enrolls, have your child's doctor or counselor call the **Mental Health Case Manager** at **1-800-753-3224**.
3. If your child needs 27 or more visits during the Plan Year (July 1 through June 30), you or your child's doctor or counselor must call the **Mental Health Case Manager** at the 18th visit. To get this approval, call **1-800-753-3224**.



Going to the doctor for mental health, alcohol or drug treatment, continued



The following mental health, alcohol and drug treatments are covered:

- hospital treatment (inpatient and partial);
- residential treatment;
- intensive outpatient program (minimum 9 hours per week);
- detoxification;
- psychological testing; and
- some other care not listed.

You must follow the steps below **before** getting the services listed above:

1. Ask your child's doctor or counselor to call the **Mental Health Case Manager at 1-800-753-3224** before getting treatment.
2. If your child is already getting treatment when he or she enrolls, have your child's doctor or counselor call the **Mental Health Case Manager at 1-800-753-3224** immediately.
3. In an emergency, take your child to the nearest doctor or hospital. Have the doctor or hospital call the **Mental Health Case Manager at 1-800-753-3224** immediately.

Going to the doctor for mental health, alcohol or drug treatment, continued

This is a list of mental health, alcohol and drug treatment professionals whose care or treatment is covered by NC Health Choice.



- Licensed **psychiatrist (MD or DO)**.
- Licensed **psychologist (PhD, EdD or PsyD)**.
- **Certified clinical social worker (CCSW)**.
- **Licensed clinical social worker (LCSW)**.
- **Licensed professional counselor (LPC)**.
- Certified fee-based **pastoral counselor (PhD)**.
- **Licensed psychological associate (LPA)**, must be supervised **and** employed by a licensed psychiatrist or licensed psychologist).
- **Registered nurse (RN-CS)**, must be a psychiatric clinical nurse specialist).
- **Registered nurse (RN or RN-C)**, must be supervised and employed by a licensed psychiatrist or licensed psychologist).
- Certified **substance abuse counselor (CSAC)**, approved only for treatment of alcohol and drug problems).
- **Area Mental Health Centers** (responsible for making sure that care is given by the right professionals).



If you have questions or are not sure about your child's doctor, nurse or counselor, please call the **Mental Health Case Manager** at **1-800-753-3224** for help.

Fraud

It is a crime for anyone to knowingly and willfully apply for, obtain coverage or to request and receive medical treatment by:

- making a false statement, not giving full and correct information or misrepresenting information;
- helping another person either directly or indirectly to attempt or to actually get money, services or anything of value through NC Health Choice; or
- misusing the NC Health Choice card by selling, changing information or letting another person use the card.



If a person commits fraud, he or she will face criminal charges and the child may be dropped from coverage.

Maximum coverage / benefits

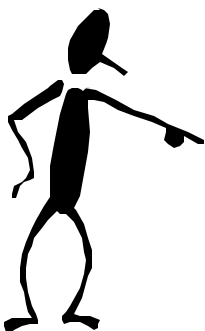
Each child enrolled in NC Health Choice is eligible for \$2 million in benefits in a lifetime for covered treatment. Keep in mind that NC Health Choice is funded by federal and state governments and may be stopped depending on the availability of these funds.

How to file a claim

All hospitals will file claims for your child. Most doctors, many drug stores and mail order drug companies will also file claims. You should show your child's ID card when you take your child to the doctor, hospital or buy a prescription drug and ask that the claim be filed with NC Health Choice.

When a doctor, drug store or other medical company will not file a claim, you will have to file the claim yourself. You may get claim forms by calling **State Customer Services** at **1-800-422-4658**.

There are two (2) separate claim forms: one for **medical, mental health, alcohol and drug treatment** and one for **prescription drugs**.



Medical, Mental Health, Alcohol and Drug Treatment

Complete the form and attach a copy of the doctor's charges.
The doctor's charges must have:

- doctor's name;
- date of service;
- itemized charges;
- complaint or symptom (diagnosis); and
- doctor's signature.

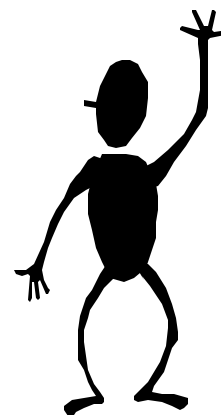
How to file a claim, continued

Prescription Drugs

DO NOT SEND RECEIPTS FROM THE LABEL OR BAG!

Complete the form and attach a printout from the druggist which must have:

- name of the drugstore or mail order company;
- National Association of Board Pharmacies (NABP) number;
- drug store's IRS number;
- Blue Cross and Blue Shield of North Carolina provider number;
- druggist's signature;
- metric quantity for each drug; and
- National Drug Code (NDC) for each drug.



Claims will be returned to you if all needed information is not given.



Mail all claims to:

**NC Health Choice
P O Box 30025
Durham, NC 27702-3025**

If you have questions



If you have questions about claims and covered medical care for your child, please call

State Customer Services

at

1-800-422-4658.

You may also write to the following address:

NC Health Choice

P O Box 30111

Durham, NC 27702-3111

If you have questions about mental health, alcohol or drug treatment for your child, please call the

Mental Health Case Manager

at

1-800-753-3224.

You may also write to the following address:

NC Health Choice

Mental Health Case Manager

P O Box 12438

Research Triangle Park, NC 27709-2438



Treatment outside North Carolina and the USA

If your child gets medical care, prescription drugs or supplies outside North Carolina or the United States, the following conditions must be met:

- medical care must be given by a government-licensed doctor, medical professional or hospital;
- you must pay the bill;
- you must send the claim for the bill to NC Health Choice; and
- the charge must be translated into English (you have to send the original charge with the claim).

NC Health Choice does not cover the cost of translating bills.

Payment is based on the exchange rate the day charges are made for foreign claims.



The care that your child gets outside the USA must have full and unrestricted approval in the USA and be covered by NC Health Choice.

Medical appeals

If you have contacted State Customer Services for help and you do not agree with the decision, you may file a formal appeal.

**DO NOT FILE AN APPEAL UNTIL STATE CUSTOMER SERVICES HAS
A CHANCE TO LOOK INTO A MATTER FOR YOU.
MOST PROBLEMS CAN BE SOLVED WITHOUT FILING AN APPEAL.**

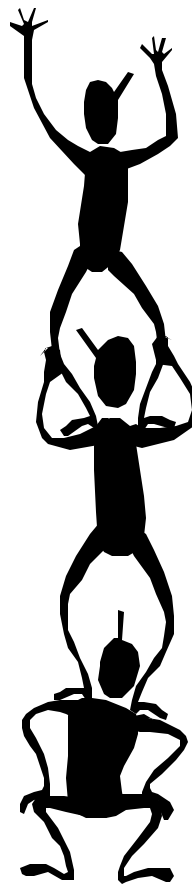
All appeals must be sent in writing within 60 days of getting a denial or benefits decision.

NC Health Choice offers three (3) levels of appeal. If you need help filing an appeal for your child, you may ask one of the following people to file an appeal for him or her:

- immediate family member;
- person with power-of-attorney for or legal guardianship over the covered child; or
- lawyer you hire.

You may ask other people to help submit an appeal for your child. You must send a written, signed and notarized letter stating that a person may act for you and your child, such as:

- your child's doctor;
- a friend; or
- an employee of the department of social services or county health department.



Appeals for **medical treatment** should be sent to:

NC Health Choice

**Appeals Coordinator
P O Box 30111
Durham, NC 27702-3111**

Mental health, alcohol and drug appeals

All appeals for mental health, alcohol and drug treatment must be submitted within 60 days of getting a denial of coverage.

NC Health Choice offers three (3) levels of appeal. If you need help filing an appeal for your child for mental health, alcohol and drug treatment, you may ask one of the following people to file an appeal for him or her:

- your child's doctor or counselor;
- immediate family member;
- person with power-of-attorney for or legal guardianship over the covered child; or
- lawyer you hire.

You may ask other people to help submit an appeal for your child. You must send a written, signed and notarized letter stating that a person may act for you and your child, such as:

- a friend; or
- an employee of the department of social services or county health department.

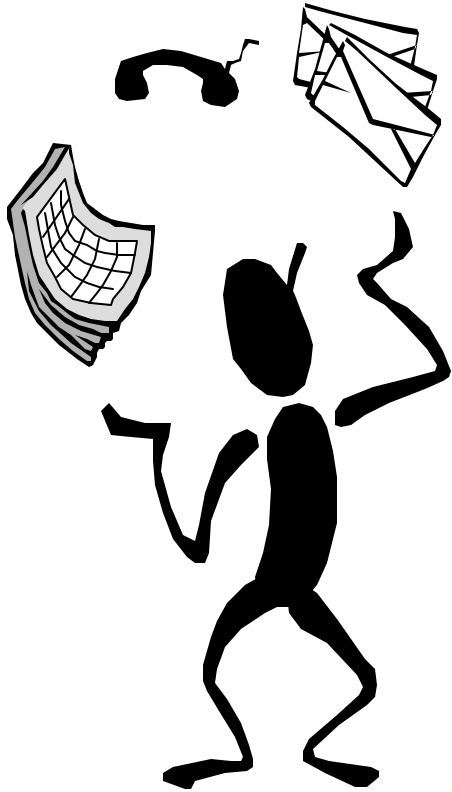


Appeals for **mental health, alcohol and drug treatment** should be sent to:

**NC Health Choice
Mental Health Case Manager
P O Box 12438
Research Triangle Park, NC 27709-2438**

All decisions are based on coverage noted in the North Carolina General Statutes and in NC Health Choice's approved medical policy.

Important telephone numbers and addresses



STATE CUSTOMER SERVICES

(For general information and questions about claims.)

1-800-422-4658

1-919-765-7080 (Fax #)

NC Health Choice

State Customer Services

P O Box 30111

Durham, NC 27702-3111

PRIOR APPROVAL

~~(To get information about or approval for~~
services, supplies or equipment.)

1-800-422-1582

1-919-765-4890 (Fax #)

NC Health Choice

State Medical Review

P O Box 30111

Durham, NC 27702-3111

HOSPITAL PREADMISSION

CERTIFICATION - MEDICAL

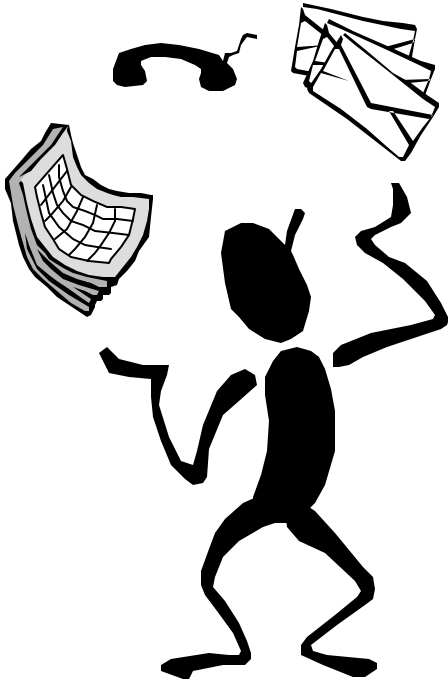
TREATMENT

(To get a hospital stay approved.)

1-800-672-7897

1-800-786-5574 (Fax #)

**Important telephone numbers and
addresses, continued**



**PRECERTIFICATION FOR MENTAL
HEALTH, ALCOHOL AND DRUG
TREATMENT**

(For general information about and to get approval for mental health, alcohol or drug treatment.)

1-800-753-3224

1-919-941-1007 (Fax #)

NC Health Choice
Mental Health Case Manager
P O Box 12438
Research Triangle Park, NC 27709-0438

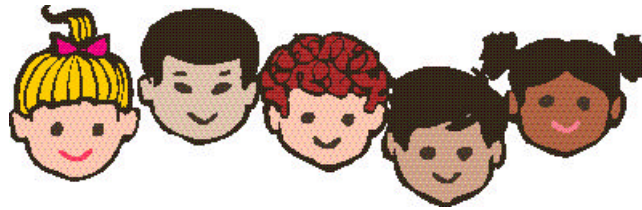
FILING CLAIMS

NC Health Choice
P O Box 30025
Durham, NC 27702-3025

NC FAMILY HEALTH RESOURCE LINE

(To find out general information and where to apply where you live for NC Health Choice coverage.)

1-800-367-2229



A Survey about Children Newly Enrolled in North Carolina Health Choice

Statement of Confidentiality

The information that you provide is confidential. The number at the top of this page allows us to keep track of surveys as they are returned so we do not send it to you again. We will not share any information that would help identify you. That includes your name and address. We will only use that information to help us organize our study. We will combine your answers with those from other parents who fill out the survey. We will report results for groups of children but will not report individual results for your child, for you or for your family.

This study is supported by a contract from the North Carolina Department of Human Resources to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill.

This is a survey to learn about your son, his health and his health care before he got insurance through NC Health Choice.

For each question, please make sure you are answering for the time period before NC Health Choice. Some questions will ask for you to answer for the six months before your son got NC Health Choice. Some will ask for information in general before he got NC Health Choice.



Tell us about your son's health.

1. How would you describe your son's health before he got NC Health Choice? *(circle the number that matches your answer)*

..... 4 3 2 1
excellent good fair poor

2. In the six months before he got NC Health Choice, how often, if ever, did your son's health limit his activities? *(circle the number that matches your answer)*

..... 5 4 3 2 1
never just a few times some of the time a lot of the time all of the time

3. In the six months before he got NC Health Choice, how much have you worried about your son's health? *(circle the number that matches your answer)*

..... 4 3 2 1
a lot some a little not at all

4. In the six months before he got NC Health Choice, about how many days of school or child care did your son miss due to his health?

_____ days

☐ Check here if your son was not in school or day care
and skip to question 7

5. Was your son in: *(circle one)*

1. day care or preschool? ➡ ***If you circled "1", skip to question 7***
2. elementary, middle, or high school?

6. In the six months before he got NC Health Choice, how often, if ever, did your son's health affect his ability to do schoolwork? (circle the number that matches your answer)

..... 5 4 3 2 1

never just a few times some of the time a lot of the time all of the time



Tell us about your son's health care before he got NC Health Choice.

This section is about Medical Care

7. Before he got NC Health Choice, when your son was not sick but you wanted to take him for a check-up (well child care), where would you go?

1. he doesn't have a doctor for regular check-ups
2. health department
3. community health center or other community health clinic
4. hospital clinic
5. private doctor's office
6. other (please tell us where)

8. How long has it been since your son's last check-up when he was not sick?

1. less than a year
2. more than a year
3. he does not get regular check-ups

9. Before he got NC Health Choice, where would you take your son for care when he was sick or had an on-going health problem?

1. health department
2. community health center or other community health clinic
3. hospital clinic
4. private doctor's office
5. emergency room
6. other (please tell us where)

10. In the six months before he got NC Health Choice, about how many times did your son go to a doctor's office or clinic when he was sick?

_____ # of visits

11. Before he got NC Health Choice, when your son was sick and you decided that he needed to see a doctor, how long did it usually take to get seen? Do not include visits to the emergency room in your answer.

1. he could usually get seen that day
2. he could usually get seen by the next day
3. he could usually get seen within a week
4. it usually took longer than a week to get him seen

12. In the past six months did your son go to an emergency room when he was sick or injured?

1. yes 0. no ➡ ***If you circled no, skip to question 14***

13. If yes, please tell us how many times and what kind of problems he went to the emergency room for:

of visits _____

Problems visit 1: _____
 visit 2: _____
 visit 3: _____
 visit 4: _____
 visit 5: _____

14. About how many times in the past six months did your son have to stay in a hospital?

_____ # of times

15. In the six months before he got NC Health Choice, were there any times that you thought your son needed **medical care** but he could not get it?

1. yes 0. no ➡ ***If you circled no, skip to question 17***

16. Why could you not get medical care for your son?

1. my son did not have insurance that would pay for the care

2. I did not have enough money to pay for the care
3. I could not get an appointment
4. I did not have transportation
5. the doctor's office or clinic wasn't open at a convenient time
6. other (*please describe*) _____

This section is about Dental Care before your son got NC Health Choice

17. How long has it been since your son's last visit to a dentist?

1. less than a year
2. more than a year
3. he does not go to the dentist ➡ ***If you circled "3", skip to question 20***

18. Where do you usually take your son for dental care?

1. dental clinic at health department
2. dental clinic at a community health center or other community clinic
3. UNC dental school clinic
4. a hospital emergency room
5. private dentist's office
6. no usual place, I take him wherever I can get care
7. other (*please tell us where*) _____

19. How long does it take to get there from home?

_____ minutes

20. In the six months before your son got NC Health Choice, were there any times that you thought your son needed **dental care** but he could not get it?

1. yes 0. no ➡ ***If you circled no, skip to question 22***

21. Why could you not get dental care for your son?

1. my son did not have insurance that would pay for the care
2. I did not have enough money to pay for the care

3. I could not find a dentist who would see him
4. I did not have transportation
5. the dentist's office or clinic wasn't open at a convenient time
6. other (*please describe*) _____

This section is about Other Health Services before your son got NC Health Choice

22. In the six months before your son got NC Health Choice, did a doctor or clinic prescribe medicine for him?

1. yes 0. no ➡ ***If you circled no, skip to question 25***

23. Were there any times that you could NOT get the medicine?

1. yes 0. no ➡ ***If you circled no, skip to question 25***

24. Why could you not get the medicine for your son?

1. my son did not have insurance that would pay for it
2. I did not have enough money to pay for it
3. I could not get to the pharmacy
4. other (*please describe*) _____

25. Before your son got NC Health Choice, were you ever told that he needed eyeglasses?

1. yes

0. no



If you circled no, skip to question 28

26. Were you able to get the eyeglasses for him?

0. no

1. yes



If you circled yes, skip to question 28

27. Why could you not get the eyeglasses for your son?

1. my son did not have insurance that would pay for it
2. I did not have enough money to pay for it
3. other *(please describe)*

A few more questions about your son's health and health care before he got NC Health Choice

28. Were there any times in the six months before he got NC Health Choice that a doctor's office, clinic, hospital, dentist, or other health care provider refused to care for your son?

0. no

1. yes



If yes, please explain what your son needed, where you were refused care, and why.

29. Were there any times in the six months before he got NC Health Choice that a doctor or other health care provider recommended follow-up care or other care for your son that you could not get? This could include medical, surgical, dental, mental health or any other care.

0. no

1. yes



If yes, please explain what your son needed and why you couldn't get it.



Tell us about other health insurance your son had before he got NC Health Choice. Your answers will not affect your son's enrollment in NC Health Choice.

30. Did your son ever have health insurance before he got NC Health Choice?

1. yes

0. no



If you circled no, skip to question 35

31. Please circle every type of insurance your son has ever had.

1. Medicaid
2. insurance that he got through my job or his other parent's job
3. insurance that I bought on my own
4. other (*please describe*) _____

32. Which was the most recent insurance your son had before he got NC Health Choice?

1. Medicaid
2. insurance that he got through my job or his other parent's job
3. insurance that I bought on my own
4. other (*please describe*) _____

33. When did that insurance end?

_____ Month _____ Year

34. Why did that insurance end?

1. my son no longer qualified for Medicaid
2. my employer or my spouse's employer dropped health insurance
3. I (or my son's other parent) dropped the insurance because it was too expensive
4. I (or my son's other parent) dropped the insurance because it didn't pay for enough services
for my son
5. my son could not have other insurance and still qualify for NC Health Choice
6. I (or my son's other parent) changed jobs or lost jobs
7. other (*please describe*) _____

35. In the six months before he got NC Health Choice, did you limit your son's activities because he did not have health insurance?

0. no 1. yes ➡ ***If you circled yes, please explain.***

36. How did you learn about NC Health Choice?

1. from the Health Department
2. from another health care provider
3. from the Department of Social Services
4. from my child's school or day care provider
5. on the radio, television or from the newspaper
6. on posters or billboards in my community
7. from an 800 phone number I called for information
8. other (*please tell us where*) _____



**We want to make sure that our study includes families of all types.
Please answer the following questions to tell us about yours.**

37. Who filled out this survey?

1. Mother 2. Father 3. Other (*Who? For example, grandmother, friend, etc.*) _____

38. Please use this table to tell us about the members of your son's immediate family (mom, dad, brothers and sisters).

We want to know their age and education, whether they have health insurance, and their employment.

The grey row is an example of how to fill out the table using the mother as an example.

	Age Fill in the number of years	Health Insurance (write the number in the box) 0 none 1 insurance through work 2 insurance a parent bought on their own 3 Medicaid 4 Medicare 5 NC Health Choice 6 Other (<i>what kind?</i>)	Education (write the number in the box) 1 less than high school 2 high school graduate 3 some college 4 college graduate 5 postgraduate	Employment (write the number in the box) 1 does not work 2 works part-time 3 works full-time
This is an example				
Mother	_____ years			
Your son	_____ years			
Mother	_____ years			
Father	_____ years			
Sister or brother	_____ years			
Sister or brother	_____ years			
Sister or brother	_____ years			
Sister or brother	_____ years			

Sister or brother	_____ years			
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Thank you very much for taking the time to complete this survey!

Please return it in the envelope provided to: North Carolina Health Choice Survey

Sheps Center for Health Services Research

University of North Carolina

PO Box 16189

Chapel Hill, NC 27516-6189 (6/24/99)



A Survey about Children Newly Enrolled in North Carolina Health

Special Supplement for Parents of Teenagers and Preteens

1. In the six months before your son got NC Health Choice, has your son needed mental health or substance abuse services? *(circle one)*

1. yes 0. no ➡ ***If no, stop here and return this page with your blue questionnaire.***

2. Where do you usually take your son for mental health or substance abuse care?

1. I couldn't find a place to take my son ➡ ***If no services used, skip to question 4***
 2. community mental health center or substance abuse program
 3. private mental health or substance abuse provider
 4. no usual place, I took him wherever he could get care
 5. other *(please tell us where)* _____

3. In the six months before your son got NC Health Choice, were there any times that you thought your son needed mental health or substance abuse care but he could not get it? *(circle one)*

1. yes 0. no ➡ ***If no, stop here and return this page with your blue questionnaire.***

4. Why could you not get mental health or substance abuse care for your son?

1. my son did not have insurance that would pay for the care
 2. I did not have enough money to pay for the care
 3. I could not find a mental health or substance abuse provider who would see him
 4. I did not have transportation
 5. the office or clinic wasn't open at a convenient time
 6. other *(please describe)* _____

Statement of Confidentiality

The information that you provide is confidential. The number at the top of this page allows us to keep track of surveys as they

are returned so we do not send it to you again. We will not share any information that would help identify you. That includes your name and address. We will only use that information to help us organize our study. We will combine your answers with those from other parents who fill out the survey. We will report results for groups of children but will not report individual results for your child, for you or for your family.

This study is supported by a contract from the North Carolina Department of Human Resources to the Cecil G. Sheps Center for Health

Services Research at the University of North Carolina at Chapel Hill

(6/24/99)